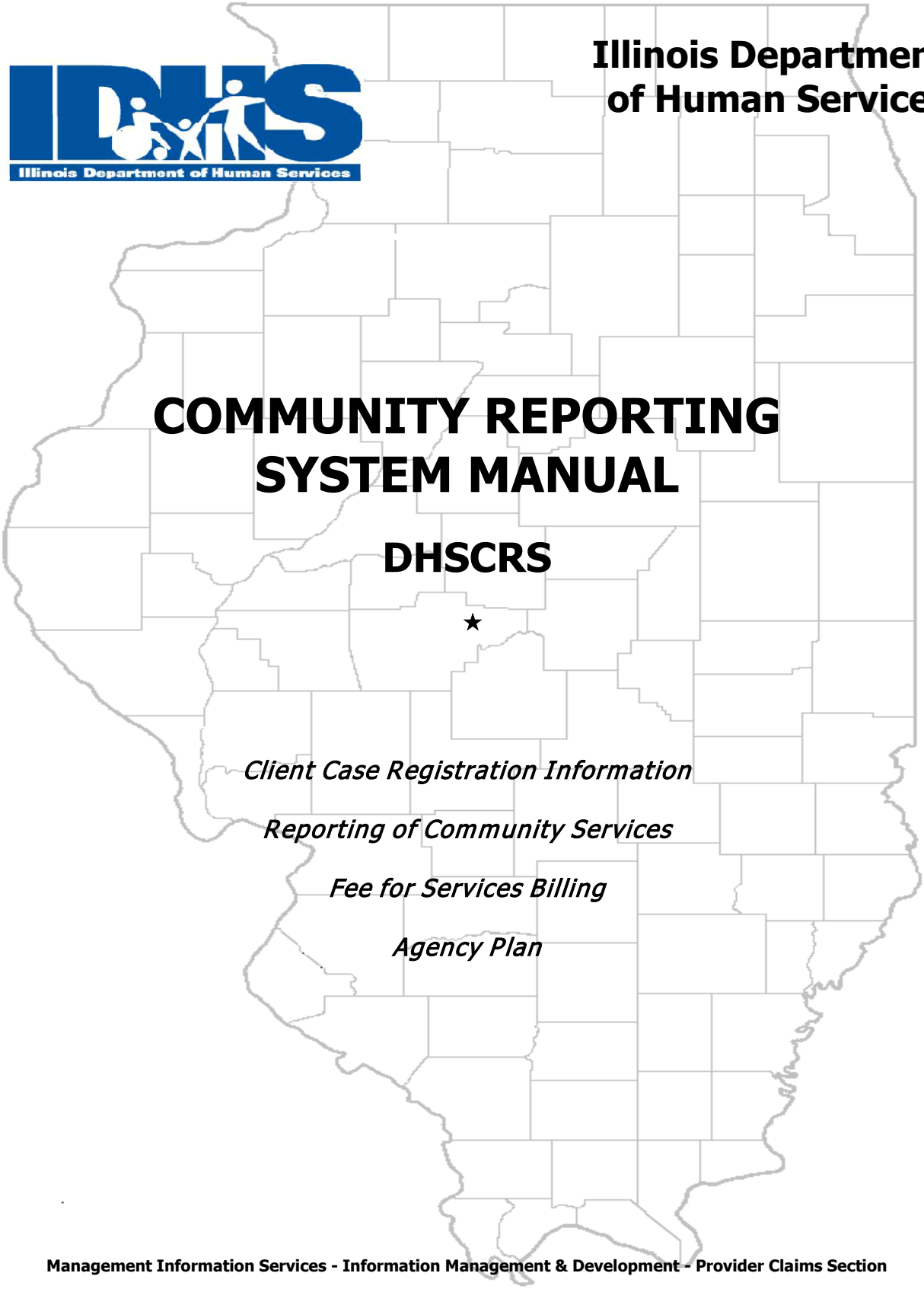

Illinois Department of Human Services

# COMMUNITY REPORTING SYSTEM MANUAL

## DHSCRS

*Client Case Registration Information*

*Reporting of Community Services*

*Fee for Services Billing*

*Agency Plan*

**Management Information Services - Information Management & Development - Provider Claims Section**

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# SECTION 1

## INTRODUCTION

The Department of Human Services Community Reporting System (DHSCRS) is a PC-based system designed to be used for collecting and submitting required data to the Department of Human Services (DHS) by those community providers who have contracted with the Department to provide services for individuals. It performs on-line, interactive editing on a local microcomputer to minimize the number of errors in the data that is submitted to DHS.

This software is not meant to be an all-inclusive system for managing each individual's case. Nor is it intended for managing the agency's financial status.

The following is a list of the different DHS systems that are supported through the DHSCRS software:

### Client Data Information

The Reporting of Community Services (ROCS) System collects and processes client case registration information required by DHS for those clients receiving services that are reported through DHSCRS.

### Client Financial Information

The Community Reimbursement System (CRS) collects and processes the client's monthly income information. The client's income information is only required for those clients who are receiving residential service. This information is used in calculating the reimbursement rate.

### Service Reporting and Community Mental Health Billing

The Reporting of Community Services (ROCS) System collects and processes service reporting data to DHS. This data is used by DHS to monitor compliance with the grant agreements negotiated each fiscal year with community agency service providers; to monitor that those individuals discharged from DHS inpatient facilities are provided linkage to community services and that those discharged to long-term care facilities are provided the mandated follow-up prescribed by statute; and to monitor services funded by federal funds, special contracts, and other methods of funding.

The Community Mental Health Billing System (MMBS) processes billing information for payment under Rule 132 - The Mental Health Medicaid Clinic, Rehab, Targeted Case Management options.

### Fee For Services

The Community Reimbursement System CRS) collects and processes billing information for fee-for-service programs provided to clients.

**Agency Plan System**

The Community Agency Plan System (CAPS) collects and processes agency plan 2.0, 2.1, 2.3, 4.0/4.1 information to DHS each fiscal year. The Grant agreement provides the basis for Departmental financial participation in grant-in-aid programs and formalizes the contractual relationship between DHS and the community agency. The agency plan is the part of the Grant Agreement which identifies the services to be provided, the target population, and the geographic areas to be served. It identifies how the services will be financed and through what budget items and funding sources.

## SECTION 2

## SYSTEM REQUIREMENTS

The DHSCRS software is designed to operate off a PC hard disk drive or network drive.
Only one agency (one unique FEIN number) may use this software per PC computer drive indicator. The DHSCRS software cannot handle different agencies (different agency FEIN numbers) using the same software on the same drive.
Multiple users are possible simultaneously from different PC computers using the DHSCRS software via a network.

### Computer Requirements

- DHSCRS software versions 6.0 and above is compatible with 32-bit and 64-bit versions of Windows 7 and 10. Professional versions are preferred.
- Home Premium versions of these operating systems are not recommended or supported.
- MAC computers are NOT supported.
- For more information send an email message to DoIT.ROCS@illinois.gov

## SECTION 3

## GENERAL SYSTEM INFORMATION

The menu bar, located across the top of the main screen, is a prompter for selecting the data entry screen you wish to use.

There are four categories of information on a screen:

- DISPLAY Refers to a data field that is displayed on the screen but cannot be changed. Each screen will display the Version number of the DHSCRS software.

- MANDATORY Refers to a data field that MUST be completed before the screen can be processed. If it is blank or coded incorrectly, the computer will not accept the transaction.

- MANDATORY, IF APPLICABLE Refers to a data field that must be completed before the screen can be processed if applicable.

- OPTIONAL Optional data fields should be completed as appropriate.

**Function Keys (FKeys) used in DHSCRS:**

- **F1** The F1 key (Help) is used when you need information about a data entry field. Help appears in a separate window on your screen.

- **Esc** The Escape key returns you to the previous menu or screen.

- **Tab** The Tab key is used to move the cursor to the next entry field.

- **Shift/Tab** The Shift/Tab key combination is used to move the cursor backward to the previous field.

- **Alt and Underscored letter** This key combination is used to select the option on the menu screens as well as clicking on the specific word.

**Mouse Instructions**

When using the mouse to choose between radio buttons, click on top of the option you wish to choose with the left mouse button. The focus (dot) will move to that option.

In the case of a pop-up list box, click the left mouse button the option and a list will appear. While still holding down the mouse button, move the highlight up and down the list with the mouse to find the option you wish to choose. In order to choose that option, release the mouse button and the choice will appear in the selected box.

Push buttons are located at the bottom of the screens and perform the function described. When using the mouse to choose between push buttons, click on top of the option you wish to choose with the left mouse button. For example, if the word **PROCESS** is next to the word **EXIT**, you must use the left mouse button to click on one or the other to perform that action.

In the case of a scroll list box, which looks very similar to the option list box with the exception that the whole list is always exposed, click the left mouse button on the appropriate choice to make your selection.

## Keyboard Instructions

In order to use the keyboard to choose between radio buttons, use the left and right arrow keys to move between the options. Notice that the arrow key does not change the focus (dot placement) but when you have the appropriate option highlighted, using the SPACEBAR will move the focus to the highlighted option.

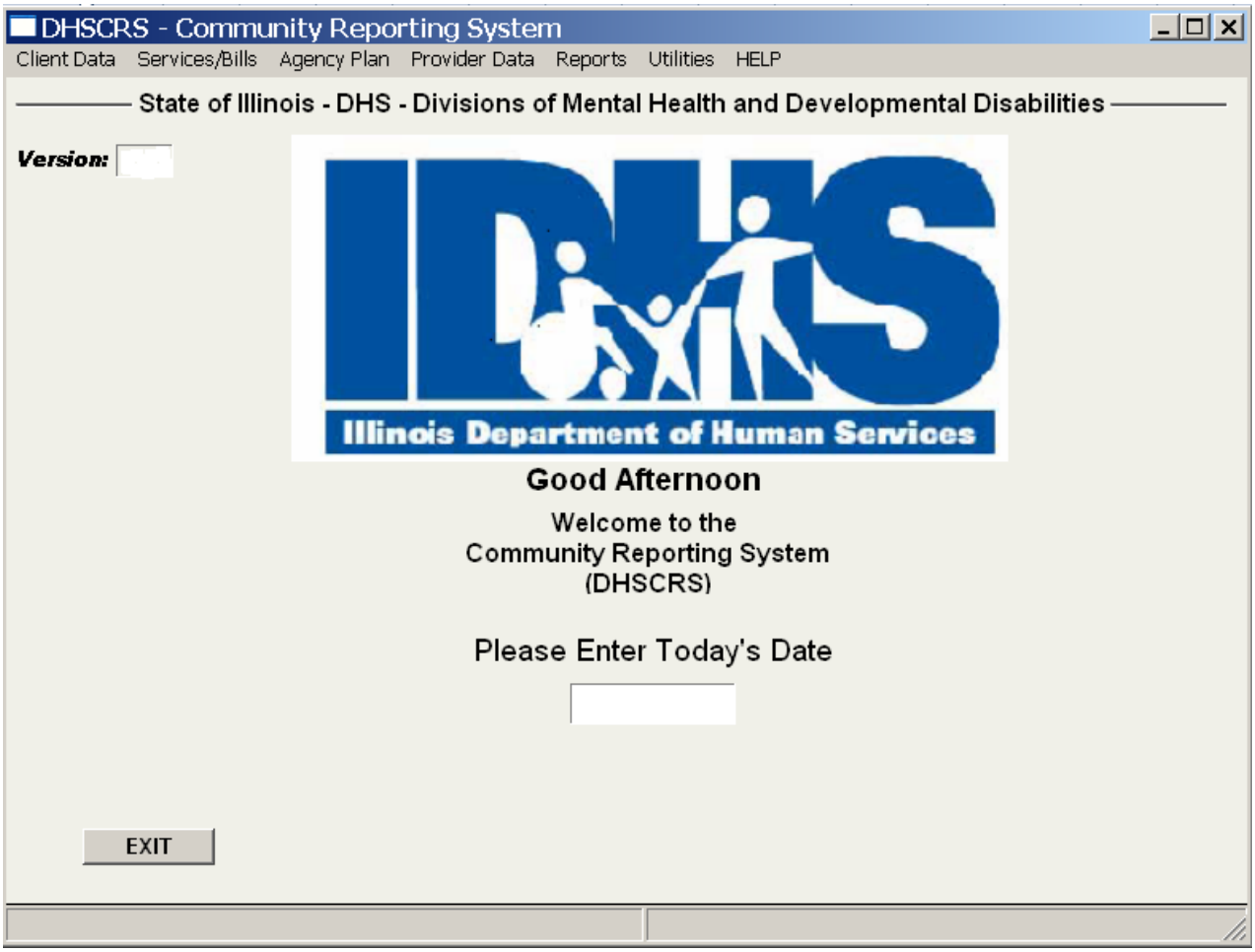
In order to use the keyboard to select from a pop-up box, use the left and right arrow keys to move to the appropriate option. Pressing SPACEBAR will make the list pop up. Now, using the up and down arrow keys, you can scroll up and down the list until you find the option you wish to select. When you find the correct choice and it is highlighted, press ENTER. The choice you made will appear in the box and be the selected item.

Push buttons are located at the bottom of the screens and perform the verb they enclose. In order to perform the action using the keyboard, you must use the right and left arrow keys to highlight the option you wish to perform and press ENTER to perform the action.

In order to use the keyboard to manipulate a list box, use the up and down arrow keys to move up and down the list. Once you have highlighted the appropriate option, press ENTER which will choose the highlighted option.

**SECTION 4**

**MAIN SCREEN**




To initiate the DHS Community Reporting System (DHSCRS):

Click on ***Start*** (left hand corner of your desktop)

Click on ***Programs***

In the Reporting of Community Services group,
left click on the ROCS icon.

**NOTE:** To create a shortcut on your desktop:

- right click on the ROCS icon then select copy
- right click on your desktop then select paste

**Client Data** This option is used to add, change, close, delete or inquire on information about individuals receiving services.

Systems: Reporting of Community Services
Community Mental Health Billing
Fee For Services Billing

**Services / Bills** This option is used to report services, enter bills, and make corrections/adjustments, or to inquire against data entered.

Systems: Reporting of Community Services
Community Mental Health Billing
Fee For Services Billing

**Agency Plan** This option is used to collect, print, inquire, and submit information about service programs using the format of the agency plan 2.0, 2.1, 2.3, 4.0/4.1 forms.

Systems: Reporting of Community Services
Agency Plan
Community Mental Health Billing

**Provider Data** This option is used to report information about a provider so that providers will receive payment properly.

Systems: Fee For Services Billing

**Reports** This option is used to create a variety of reports on the information which has been entered into DHSCRS.

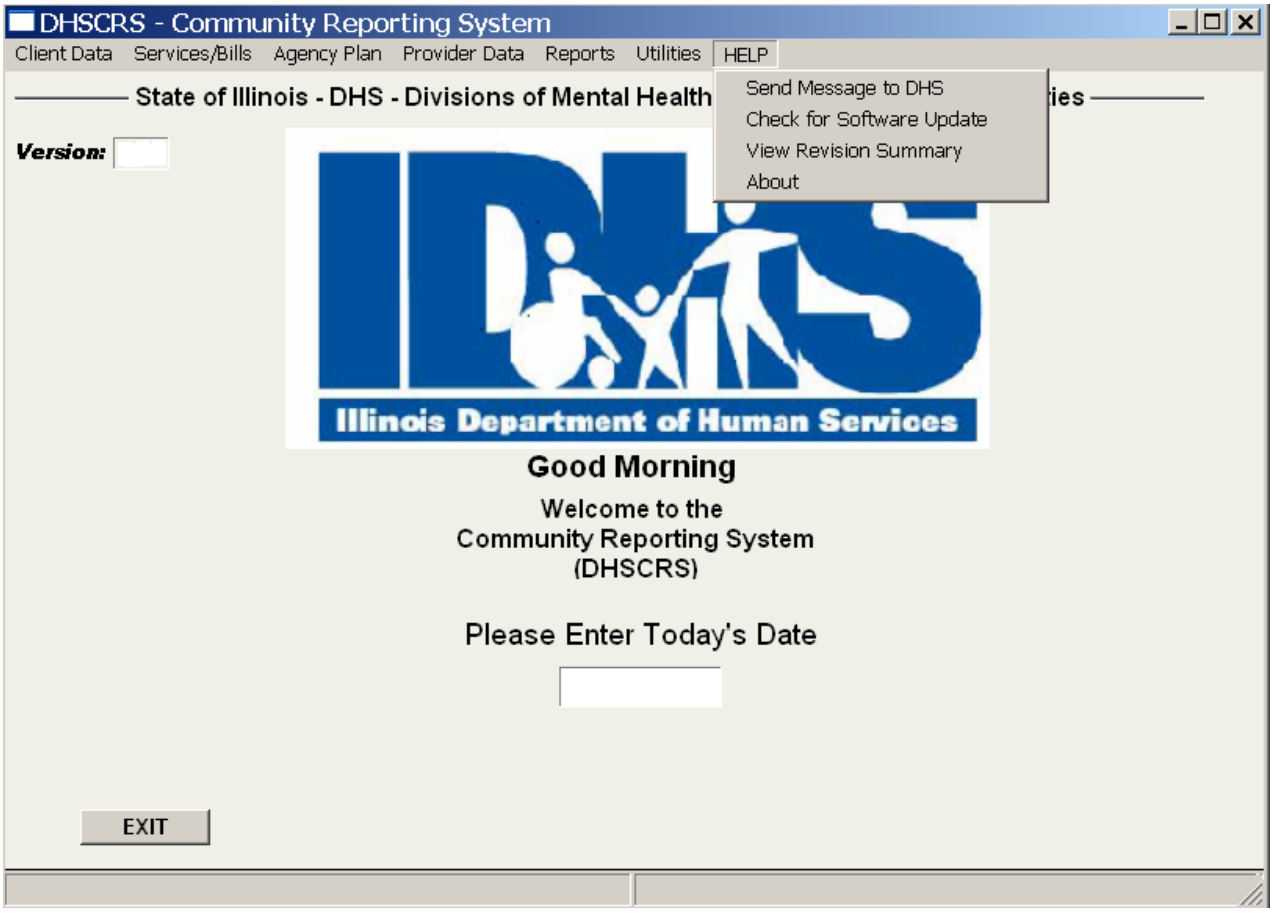
Systems: Reporting of Community Services
Community Mental Health Billing
Fee For Services Billing

**Utilities** This option is used to perform a variety of automated tasks, such as preparing files for submission to DHS, fixing damaged files, and updating information from DHS when DHS sends results back to an agency.

Systems: Reporting of Community Services
Agency Plan
Community Mental Health Billing
Fee For Services Billing

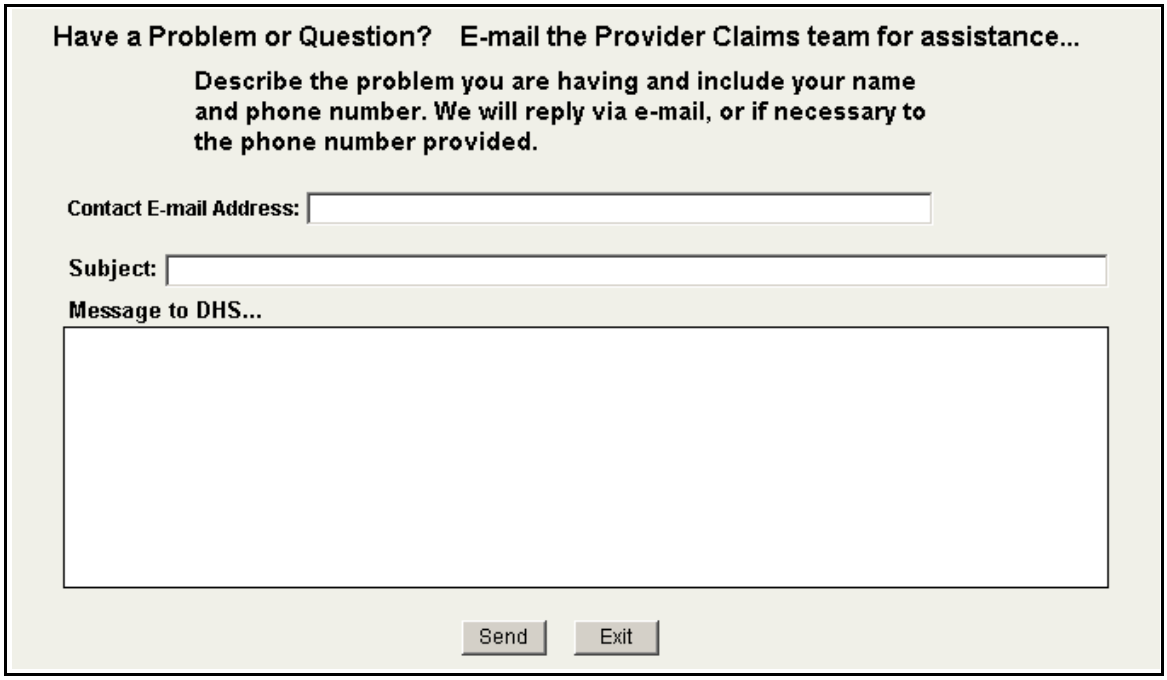
**HELP** Displays the software version of DHSCRS software in use, the DHS website, and the technical assistance e-mail address, phone number, and fax number. This option is also used to send a message or questions directly to DHS or check for current software updates to be loaded automatically unless otherwise specified in the Information Section of Agency Plans.

**SECTION 4.1 HELP SCREEN**



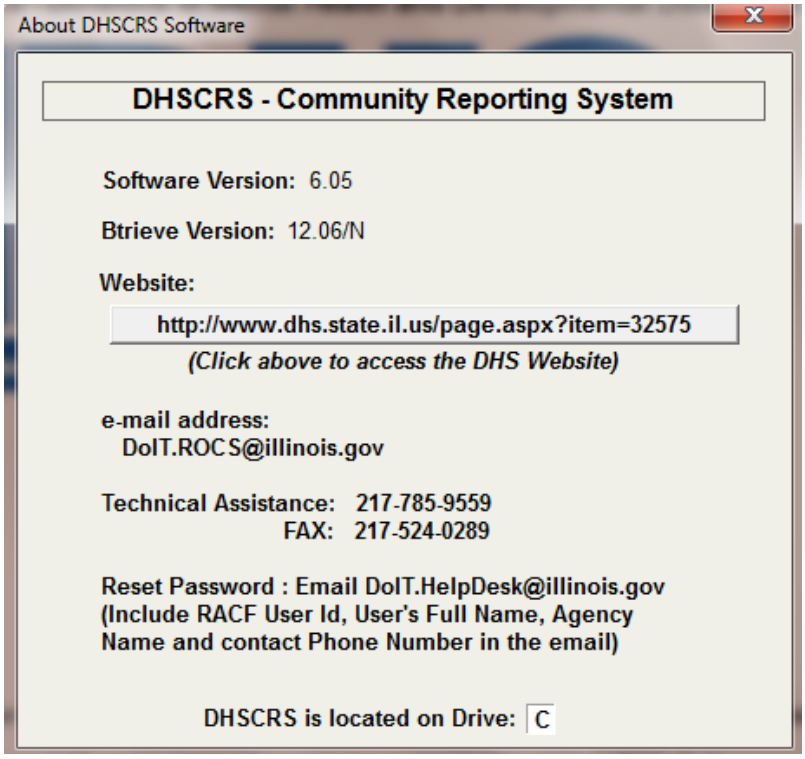

This screen displays the selection process for HELP information. After selecting ***HELP*** from the Menu Bar, a drop down list will be displayed. The screens for the list options are described on the following pages.

If ***Check for Software Update*** is selected from the drop down list and the computer is connected to the internet, the software version will update automatically.




The above screen appears after **HELP** has been selected from the Menu Bar and **Send Message To DHS** has been selected from the drop down list.

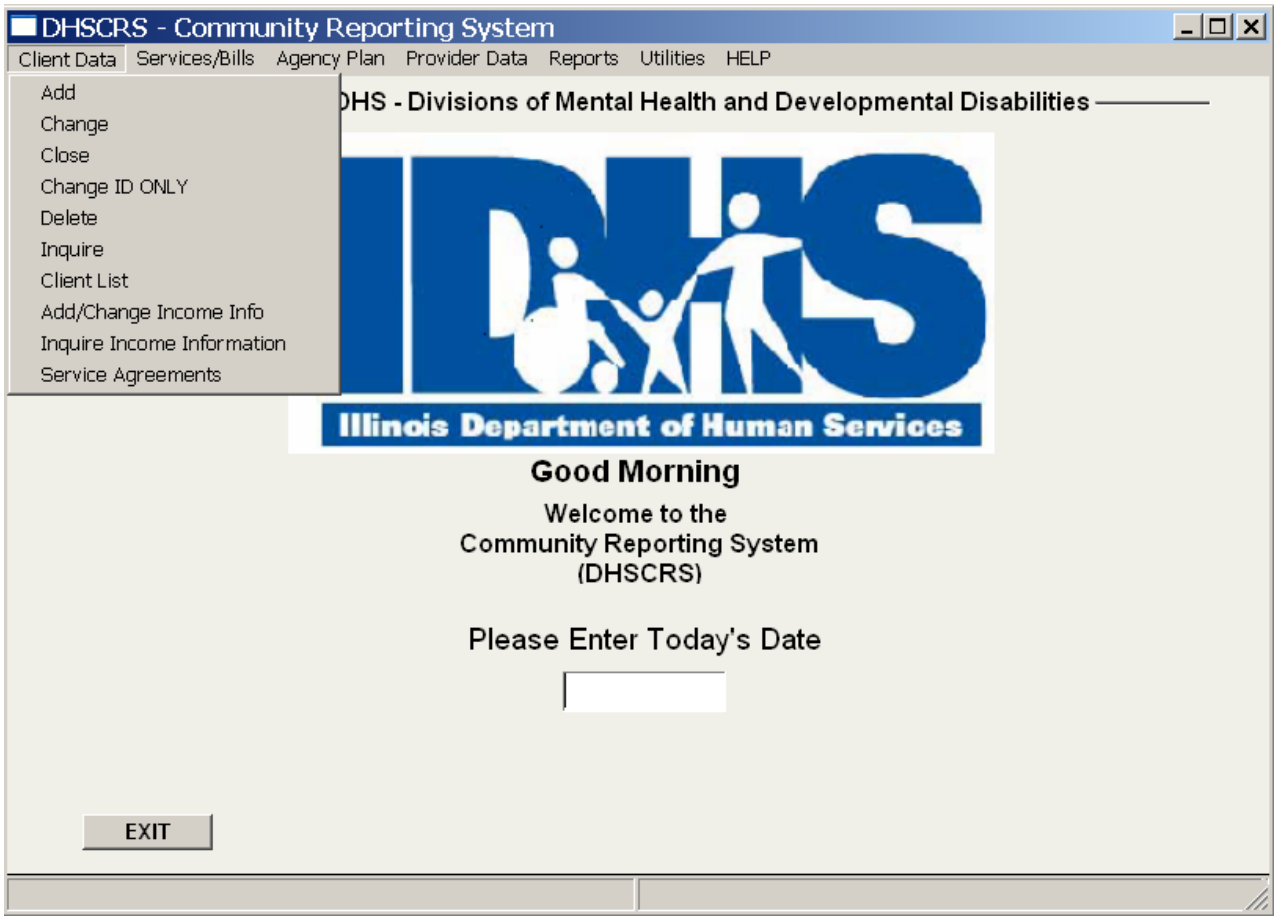
Enter the Contact E-mail address and subject of the e-mail. Describe the problem you are having and include your name and phone number. Click on ***SEND*** to transmit the message to DHS. We will reply via e-mail, or if necessary to the phone number provided.




The above screen appears after ***HELP*** has been selected from the menu bar and ***About*** is selected from the drop-down list. You may click on the website button and go directly to the DHS Internet site where the DHSCRS software and instruction manual can be downloaded.

**SECTION 5**

**CLIENT DATA INFORMATION**




This screen displays the selection process for Client Data information. After selecting ***Client Data*** from the Menu bar, a drop down list will be displayed. The entry screens for the list options are described later in this Section.

Client Data is accessed by clicking on ***Client Data*** in the menu bar and selecting one of the following options:

**CASE INFORMATION -**

**Add** - This option displays the screens which create client registration records for new clients.

**Change** - This option displays the screens on which changes may be made to data items for clients already opened.

**Close** - This option displays the screen which collects closing data for open clients.

**Change ID ONLY** - This option is used to change an individual's client ID. (If there are any Services/Bills which are in SUBMIT status, the Client ID change cannot be processed.)

**Delete** - This option allows for deletion of client registration records for a client who has never received services.

**Inquire** - This option allows inquiry on demographic, MH, DD, and guardian information for a particular client. No updates will be performed from this option.

**Client List** - This option can be used for multiple purposes. Specific records may be selected. After processing, the Client List will load. Individual records may then be accessed for inquiry or correction.

**FINANCIAL INFORMATION --**

**Add/Change Income Informaton** - This option is used to add or change the client's monthly income information. (Income information must be updated at least once a year.)

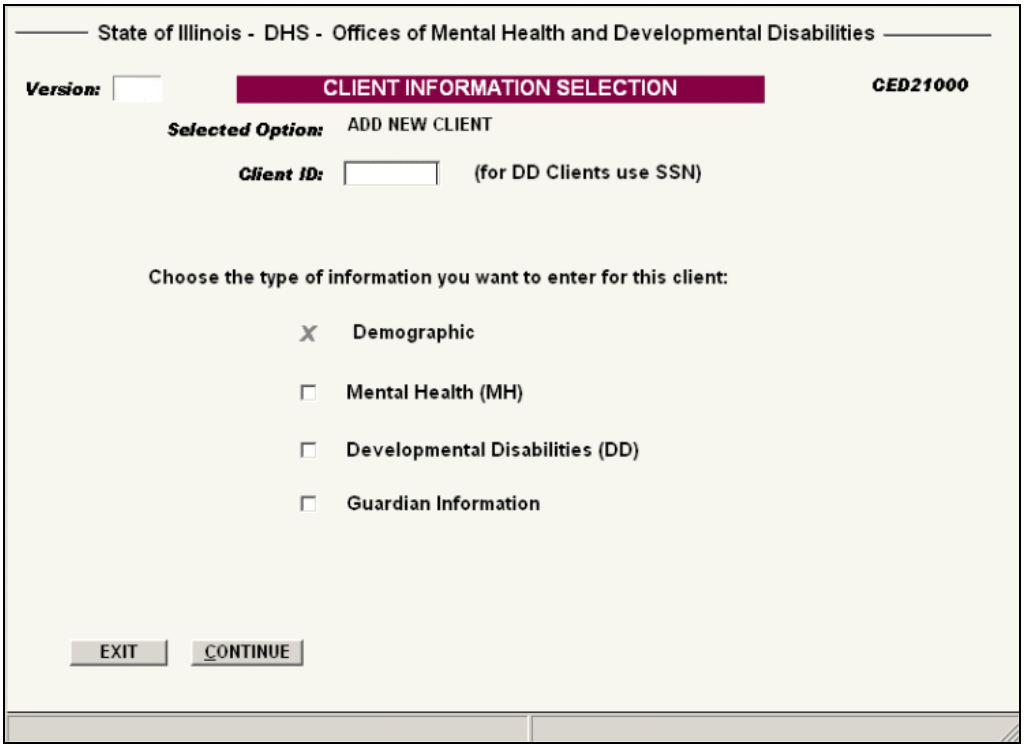
**Inquire Income Information** - This option is used to inquire on a client's income information providing a six month view.

**PLACEMENT INF0RMATION --**

**Service Agreements** - (Optional - effective 7/01/02) This option displays the screen which enables you to enter and maintain service agreement information for clients being served through the Bogard Specialized Services program.

## 5.1 CLIENT CASE INFORMATION

**Client Registration**




The above screen appears after **Client Data** has been selected from the Menu bar and one of the following options was selected.

select **Add** to *Add a New Client*
select **Change** to *Change Client Information*
select **Close** to *Close Client Information*

Enter the **Client ID**. Select the type of client information to be added, changed, or closed by checking the check boxes (Demographic, Mental Health, Developmental Disabilities, and/or Guardian Information) (Prioritization of Urgency of Needs (PUNS), or Active Treatment for PAS agencies only). Click on ***CONTINUE.***

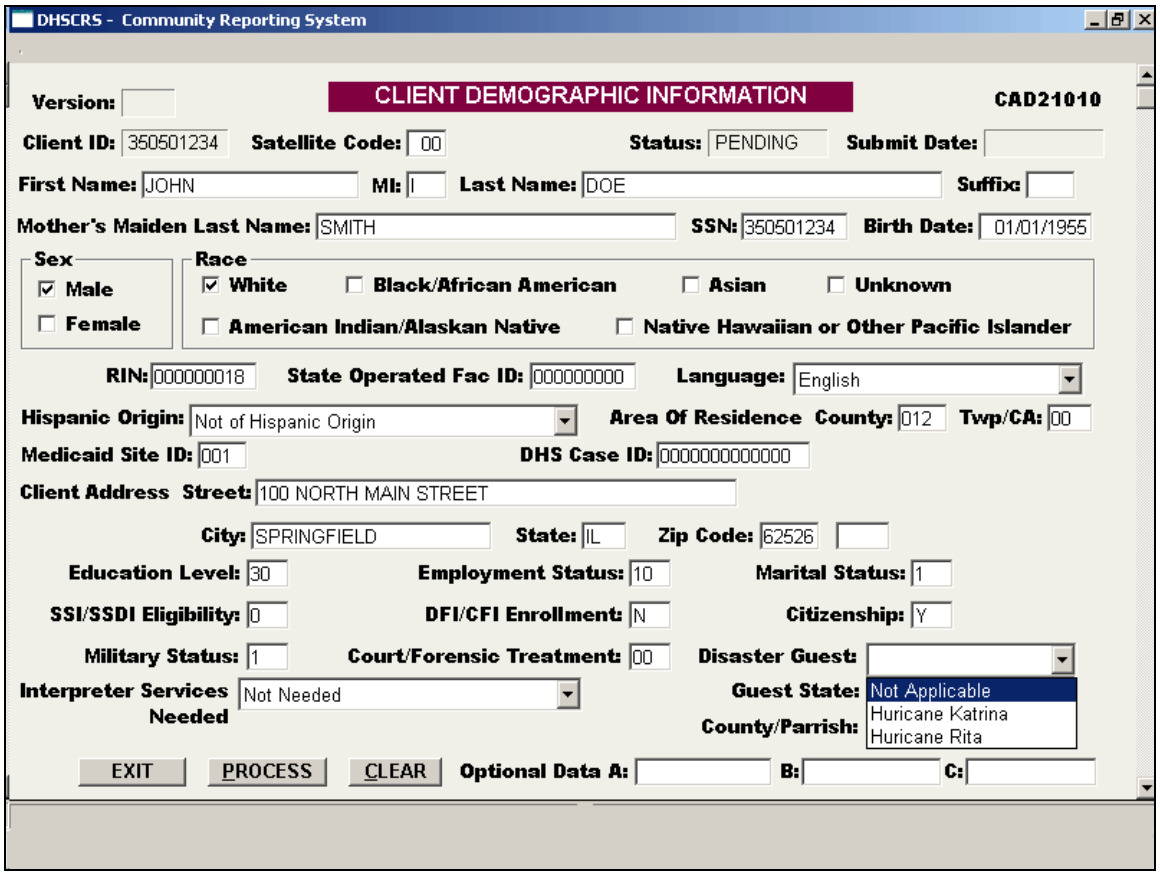
The **ADD NEW CLIENT** option is used to identify clients receiving services reported to the Reporting of Community Services (ROCS) System, the Mental Health Billing System (MRO/MCO), and the Fee For Services Billing System. The client registration process may consist of up to four different screens per client ID. At the time of registration, each client **MUST** have a CLIENT DEMOGRAPHIC INFORMATION data screen and a corresponding CLIENT MENTAL HEALTH (MH) INFORMATION and/or CLIENT DEVELOPMENTAL DISABILITIES (DD) INFORMATION data screen reported. Guardian information must also be reported, if applicable.

The **CHANGE CLIENT INFORMATION** may only be used when all records for the client ID are pending, accepted or rejected. It will not work if any records are in submit status. Client ID changes are best done after all services/bills have been updated and before submitting new records to DHS for processing.

The **CLOSE CLIENT** option is used to close a client's MENTAL HEALTH (MH) and/or DEVELOPMENTAL DISABILITIES (DD) case registration information.

## 5.2 CLIENT DEMOGRAPHIC INFORMATION

### Demographic Information Screen




The above screen appears after **Client Data** has been selected from the Menu bar and one of the following options was selected.

select **Add** to *Add New Client*
select **Change** to *Change Client Information*

This screen is used to add or change the Demographic information for a client. Enter all pertinent information and click on ***PROCESS.*** If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***PROCESS*** again.

**NOTE:** Detailed descriptions of the individual information fields and corresponding codes are on the following pages.

### 5.2.1 DEMOGRAPHIC INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Client ID** | **Mandatory** – For all DD clients, and all MH clients who will be billed for Fee For Service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used.<br>For other MH clients, a unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is not valid). |
| **Satellite Code** | **Mandatory -** An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field.<br>(Retrieved from the Agency Master record and displayed on the screen.) |
| **Status** | **Display -** Indicates the status of the record.<br>**PENDING -** The record has not been submitted to DHS.<br>**SUBMITTED -** The record has been submitted to DHS and is awaiting results.<br>**ACCEPTED -** The record has been approved by DHS.<br>**REJECTED -** The record has been rejected by DHS with an error.<br>**INCOMPLETE-** The record has not been updated by the provider to include the new client case information. |
| **Submit Date** | **Display** – The date on which the record was submitted to DHS for processing. |
| **Client Name -** | **Mandatory -** The complete legal name of the client. The name must match the name as it appears on the client's Department of Public Aid MediPlan card, Social Security card, and/or documentation of other benefits. |
| **First Name** | The complete legal first name. |
| **Middle Initial (MI)** | Middle initial should be reported, unless the client does not have one. |
| **Last Name** | The complete legal last name. |
| **Name Suffix** | The suffix should be reported, if the client has one (Jr, Sr, III, IV, etc.) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Mother's Maiden Last Name** | The complete legal maiden last name of the client's mother. Use **UNKNOWN** if this information is not available. |
| **Social Security Number (SSN)** | **Mandatory -** The client's social security number (SSN). A valid SSN is mandatory for the following types of clients:<br>1 - Medicaid eligible clients<br>2 - DD clients<br>3 - MH clients in a fee-for-service program<br><br>**NOTE:** When the SSN is used for the client ID, the client's SSN must be reported in this field as well as the client ID field.<br><br>Report **000000000** if the client has no SSN (allowed only for MH clients).<br><br>Report **999999999** if the client's SSN is not known (allowed only for MH clients). |
| **Birth Date** | **Mandatory -** The date on which the client was born.<br>Format: **MMDDYYYY**<br>**MM =** month<br>**DD =** day<br>**YYYY =** century and year |
| **Sex** | **Mandatory -** Sex of the client.<br>**MALE**<br>**FEMALE** |
| **Race** | **Mandatory -** Race of the client. Although the categories are intended to be mutually-exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.<br>**WHITE.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.<br>**BLACK/AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa.<br>**ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.<br>**AMERICAN INDIAN/ALASKAN NATIVE.** A person having origins in any of the original peoples of North, Central or South America and who maintains tribal |

| FIELD NAME | DESCRIPTION |
|---|---|
| | affiliation or community attachment.<br>**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.<br>**UNKNOWN.** |
| **RIN - (Recipient ID Number)**<br><br>**(Formally referred to as Medicaid ID)** | **Mandatory -** The client's recipient identification number (RIN). A valid RIN is mandatory for Medicaid eligible and MH clients.<br><br>Report **000000000** if the client has no Recipient ID. |
| **State Operated Facility ID**<br><br>**(Formerly referred to as DMHDD ID)** | **Mandatory -** The State-Operated Facility ID number for the client if he/she has been served in a State-Operated DD or MH facility.<br><br>Report **000000000** if the client has no State-Operated facility ID.<br><br>Report **999999999** if the client's State Operated facility ID is not known. |
| **Language** | **Mandatory -** Primary language of the client.<br><br>**ENGLISH**<br>**SPANISH**<br>**OTHER WESTERN EUROPEAN**<br>**EASTERN EUROPEAN**<br>**BOSNIAN**<br>**POLISH**<br>**RUSSIAN**<br>**ASIAN**<br>**ARABIC**<br>**CHINESE**<br>**INDIAN**<br>**KOREAN**<br>**VIETNAMESE**<br>**AFRICAN**<br>**AMERICAN SIGN LANGUAGE**<br>**OTHER**<br>**UNKNOWN** |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Hispanic Origin** | **Mandatory -** Indicates the Hispanic origin of a person of Spanish culture or origin, regardless of race.<br><br>**NOT OF HISPANIC ORIGIN**<br>**MEXICAN/MEXICAN AMERICAN**<br>**PUERTO RICAN**<br>**CUBAN**<br>**CENTRAL/SOUTH AMERICAN**<br>**OTHER HISPANIC**<br>**UNKNOWN, NOT CLASSIFIED** |
| **Area of Residence** | **Mandatory -** The geographic location where the client currently lives. Refer to the current Directory of Geographic Information. |
| **County** | Code indicating county, Chicago, out-of-state (10300) or unknown (10400). |
| **Twp/CA** | Report Township - if the client resides outside the Chicago city limits, but within the county that requires this further information. The two-digit numeric code must include the zero to the left if the code is less than ten. For example: Berwyn Township in Cook County is '02'.<br>*OR*<br>Report Community Area - if the client resides within the Chicago city limits. This two-digit numeric code must include the zero to the left if the code is less than ten. For example: 400-599 W. Addison St. is '06'. |
| **Medicaid Site ID** | **Mandatory -** The three digit Department of Public Aid (DPA) assigned Medicaid site ID number where the client is registered. Non-Medicaid enrolled agencies should report **000** for this field.<br>**NOTE:** The Medicaid Site ID is assigned by DPA and is the three digits which are appended to the agency's nine digit Federal Employer Identification Number (FEIN). |
| **DHS Case ID** | **Mandatory -** The public aid eligibility Case ID number for the client.<br>Report all **0**'s if client has no DHS Case ID.<br>Report all **9**'s if client's DHS Case ID is not known.<br>DHS Case ID consists of 13 positions. If client's Case ID has 15 positions on the eligibility card, ignore the group code (the two middle numbers).<br><br>Exp. 04 010 00 A1234567 (ignore the 00) |
| | |

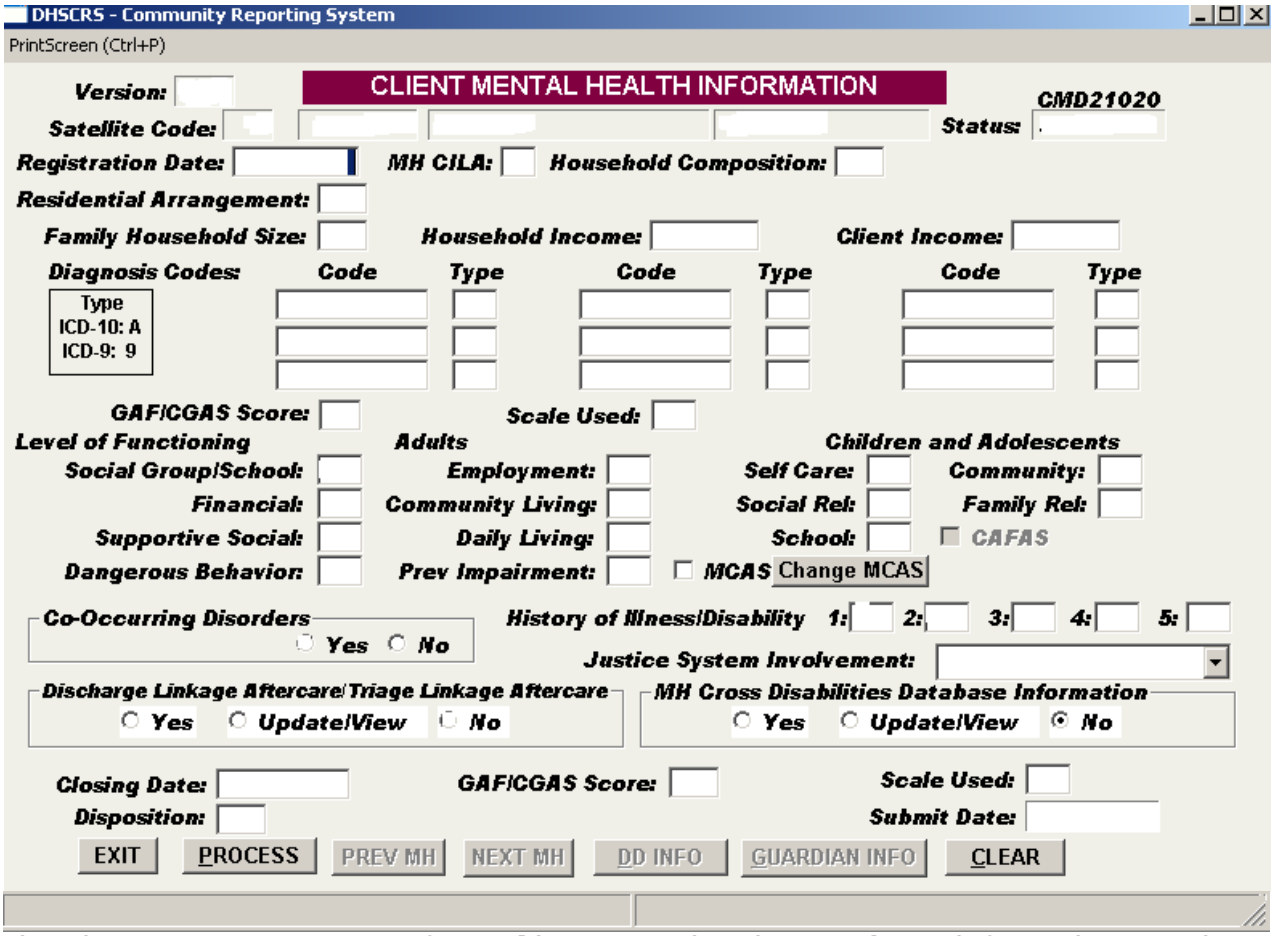
| FIELD NAME | DESCRIPTION |
|---|---|
| **Client Address -**<br>**Street**<br><br>**City**<br><br>**State**<br><br>**Zip Code & Suffix** | **Mandatory** - The current address of the client.<br>Street or box number<br><br>City<br><br>The Post Office abbreviation for State.<br><br>Postal zip code (include suffix, if known)<br><br>**NOTE:** If the client is homeless report the address of the agency providing the service. |
| **Education Level** | **Mandatory -** Identifies the highest grade level completed by the client.<br>**00** - Never attended school<br>**__** - Last primary/secondary grade completed (Report the appropriate grade level 01-11)<br>**20** - Preschool/kindergarten<br>**30** - High School diploma<br>**31** - General Equivalency Diploma (GED)<br>**32** - Special Education Certificate of Completion<br>**40** - Post-secondary training<br>**41** - One year college<br>**42** - Two years college<br>**43** - Three years college<br>**50** - College Bachelor's degree<br>**60** - Post Graduate college degree<br>**99** - Unknown |
| **Employment Status** | **Mandatory -** Describes the current employment status of the client.<br><br>**10** - Employed, including on vacation or sick leave (report this code if specifics are unknown for 11, 12, 13, 14)<br>**11** - Employed full time (unsubsidized employment, including self-employment)<br>**12** - Employed part time (unsubsidized employment, including self-employment)<br>**13** - Employed (full or part time) in subsidized or supported employment<br>**14** - Attending vocational/day program, including programs funded by DHS or by other entities<br>**20** - Unemployed/layoff from job<br>**30** - Not in the Labor Force (retired, homemaker, student, resident/inmate of institution)<br>**90** - Other (not seeking employment/vocational services)<br>**99** - Unknown |
| | |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Marital Status** | **Mandatory -** Marital status of the client.<br><br>**1** - Never Married<br>**2** - Married<br>**3** - Widowed<br>**4** - Divorced<br>**5** - Separated<br>**9** - Unknown, declines to specify |
| **SSI/SSDI Eligibility** | **Mandatory -** Describes the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the client.<br>**NOTE:** Only codes 1, 2, and 3 are acceptable for waiver clients.<br><br>**0** - Not Applicable<br>**1** - Eligible, receiving payments<br>**2** - Eligible, not receiving payments<br>**3** - Eligibility determination pending<br>**4** - Potentially eligible but has not applied, or status unknown<br>**5** - Determined to be ineligible<br>**9** - Eligibility status unknown |
| **DFI/CFI Enrollment** | **Mandatory -** Designates whether the client is enrolled in a DFI/CFI program.<br>**N** - Not Applicable<br>**Y** - DFI/CFI enrolled |
| **Citizenship** | **Mandatory** - Indicates the citizenship status of the client.<br><br>**Y** - U.S. Citizen<br>**N** - Non-U.S. Citizen<br>**U** - Unknown |
| **Military Status** | **Mandatory -** Indicates the military status of the client. A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard, or Merchant Marines.<br><br>**0** - Not a Veteran<br>**1** - Veteran<br>**2** - Currently on active duty<br>**9** - Unknown |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Court / Forensic Treatment** | **Mandatory -** Status of forensic/court-ordered treatment plans at the time of registration.<br><br>**NOTE:** Criminal court-ordered treatment should be used only when the order is an outcome of criminal proceeding against the client (including juveniles).<br><br>**00** - Not applicable<br>**01** - Department of Corrections client (e.g., probation, parole)<br>**02** - Unable to Stand Trial<br>**03** - Unable to Stand Trial - ET (Extended Term)<br>**04** - Unable to Stand Trial - G2<br>**05** - Not Guilty by Reason of Insanity<br>**06** - Civil court-ordered treatment<br>**07** - Criminal court-ordered treatment<br>**08** - Court-ordered evaluation/assessment only<br>**99** - Unknown |
| **Interpreter Services Needed** | **Mandatory -** The type of interpreter services required by the client.<br>**SERVICES NOT NEEDED**<br>**AMERICAN SIGN LANGUAGE**<br>**FOREIGN LANGUAGE**<br>**UNKNOWN** |
| **Disaster Guest Information** | **Mandatory -** When the client is an Illinois guest due to a disaster select the appropriate disaster. |
| **Disaster Guest** | Indicates which disaster brought the client to Illinois. |
| **Guest State** | The Post Office abbreviation for the client's home state. |
| **Guest/Parrish** | The Federal Information Processing Standards (FIPS) county code where the client lived in their state. |
| **Optional Data** | **Optional -** These fields may be used by agencies for collecting data in classifications of their own choice. |

## 5.3 MH INFORMATION FOR CLIENTS

### Mental Health Information Screen




The above screen appears after **Client Data** has been selected from the Menu bar.

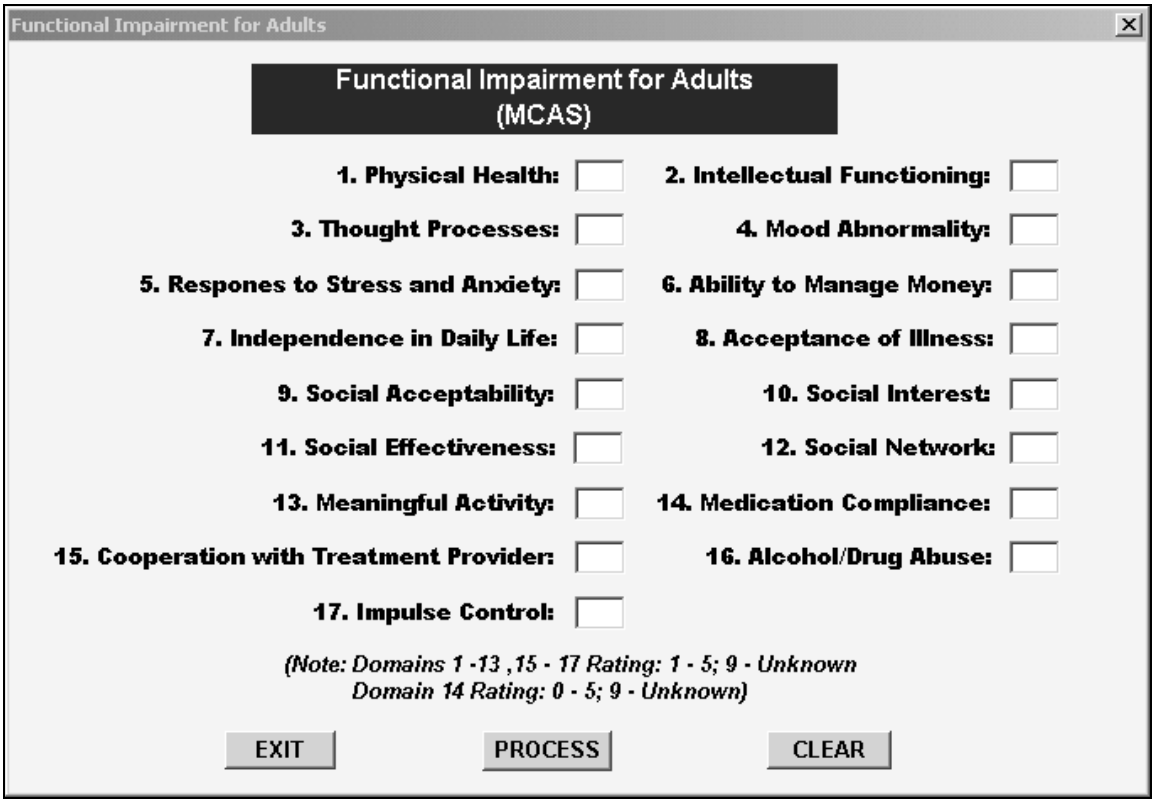
```
New Mental Health information is no longer allowed.
select Change      to Change Client Information
select Close       to Close Client Information
```

This screen will be displayed if Mental Health (MH) was selected on the **Client Information Selection** screen. It is used to report the Mental Health information on a client.

Enter all pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again. If DD information was selected, the DD Information screen will be displayed next.

**NOTE:** Detailed descriptions of the Mental Health information fields and corresponding codes are on the following pages.

## 5.3.1 MCAS INFORMATION FOR CLIENTS




The above screen appears after **Client Data** has been selected from the Menu bar.

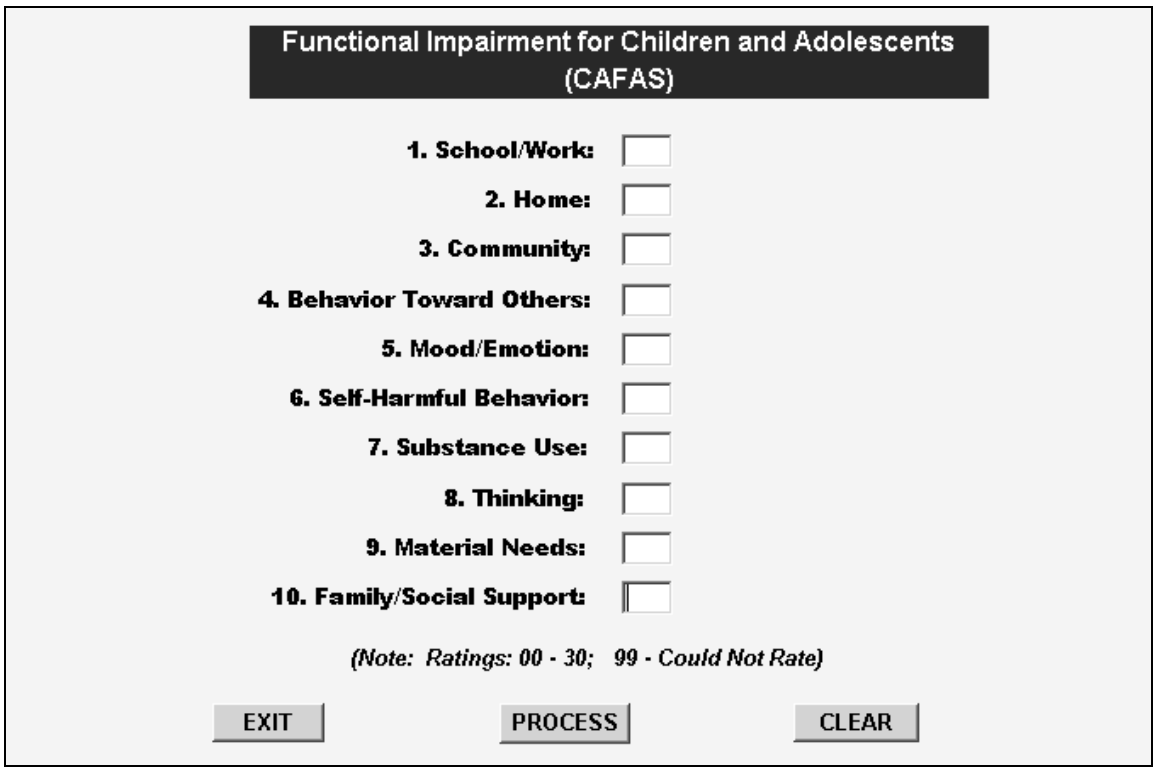
select ***Add*** to *Add New Client*

This screen will be displayed if Mental Health (MH) was selected on the **Client Information Selection** screen and **MCAS** was selected on the Mental Health (MH) screen. It is used to report the MCAS information on a client.

Enter all pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

**NOTE: Consult the MCAS instrument for full descriptions of each item. The MCAS is copyrighted. Staff using the MCAS must be trained by a DMH approved trainer.**

### 5.3.2 CAFAS INFORMATION FOR CLIENTS




The above screen appears after **Client Data** has been selected from the Menu bar.

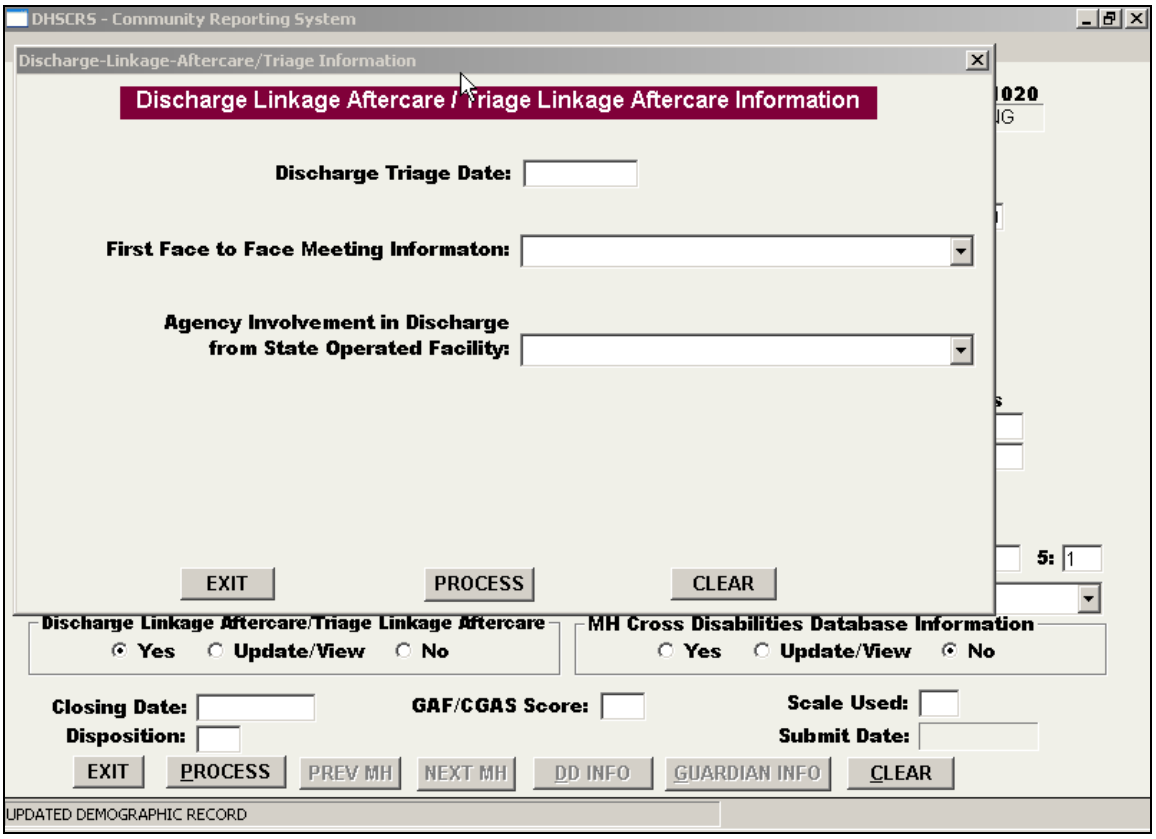
select ***Add*** to *Add New Client*

This screen will be displayed if Mental Health (MH) was selected on the **Client Information Selection** screen and **CAFAS** was selected on the Mental Health (MH) screen. It is used to report the CAFAS information on a client.

Enter all pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

**NOTE: Consult the CAFAS instrument for full descriptions of each item. The CAFAS is copyrighted. Staff using the CAFAS must be trained by a DMH approved trainer.**

### 5.3.3 TRIAGE/DISCHARGE/LINKAGE/AFTERCARE INFORMATION



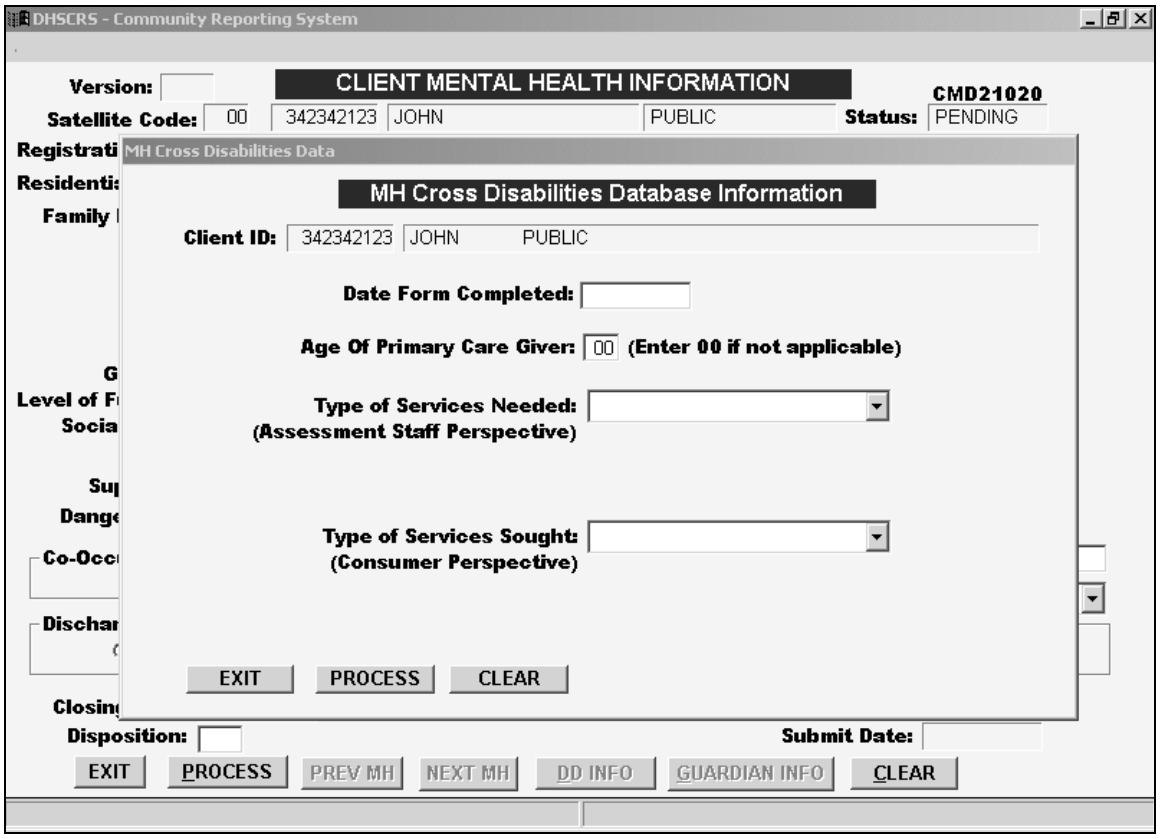

The above screen appears after **Client Data** has been selected from the Menu bar.

select ***Add*** to *Add New Client*
select ***Change*** to *Change Client Information*

This screen will be displayed if Mental Health (MH) was selected on the **Client Information Selection** screen and **Triage/Discharge/Linkage/Aftercare Information** was selected on the Mental Health (MH) screen. It is used to report the location of the first face to face meeting with the client or the reason a meeting did not take place upon discharge from the State Operated Facility.

Select the pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

### 5.3.4 MH CROSS DISABILITIES DATABASE INFORMATION




The above screen appears after **Client Data** has been selected from the Menu bar.

select ***Add*** to *Add New Client*
select ***Change*** to *Change Client Information*

This screen will be displayed if Mental Health (MH) was selected on the **Client Information Selection** screen and **MH Cross Disabilities Database Information** was selected on the Mental Health (MH) screen. It is used to report the type of services needed by the client as determined by the assessment staff as well as the type of services sought by the client as determined by the consumer.

Select the pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

### 5.3.5 MH INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Satellite Code** | **Display** - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. |
| | **Display -** The Client ID and name as reported on the Client's Demographic Information |
| **Status** | **Display -** Indicates the status of the Mental Health Information record.<br><br>**PENDING** - The record has not been submitted to DHS.<br>**SUBMITTED** - The record has been submitted to DHS and is awaiting results.<br>**ACCEPTED** - The record has been approved.<br>**REJECTED** - The record has been rejected by DHS with an error.<br>**INCOMPLETE-** The record has not been updated to include the new client case information. |
| **Registration Date** | **Mandatory -** Date on which the client was registered with the agency. This is the date of the first billable or reportable service event or intake interview with the client, parent, or guardian.<br>Format: **MMDDYYYY**<br>**MM** = month<br>**DD** = day<br>**YYYY** = century and year |
| **MH CILA Enrollment** | **Mandatory -** Designates whether the client is enrolled in the MH CILA program.<br><br>**N -** Not applicable<br>**Y -** Enrolled in MH CILA |
| **Household Composition** | **Mandatory** - The client's household composition.<br><br>**10** - Lives alone<br>**20** - Lives with one or more relatives (e.g., biological, step, or adoptive relationships)<br>**30** - Lives with non-related persons (e.g., professional child care staff and other children in group care, foster parents and other foster children)<br>**99** - Unknown |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Residential Arrangement** | **Mandatory** - Describes the client's primary residential situation at the present time while services are being initiated or provided.<br>**10** - Homeless (e.g., living on the street, in an emergency shelter, or transient)<br>**21** - Private residence (e.g., structure with accommodations for sleeping in which some individual knowingly owns or rents for the purpose of housing the client)<br>- client supervised (not considered to be living independently)<br>**22** - Private residence (e.g., structure with accommodations for sleeping in which some individual knowingly owns or rents for the purpose of housing the client)<br>- client unsupervised (considered to be living independently)<br>**31** - Other residential setting (e.g., group homes, half-way houses, supported living situations)<br>- client supervised (not considered to be living independently)<br>**32** - Other residential setting (e.g., group homes, half-way houses, supported living situations)<br>- client unsupervised (considered to be living independently)<br>**40** - State-Operated Facility (Mental Health Center or Developmental Center)<br>**50** - Jail or correctional facility/institution (e.g., detention centers, institutions/ training schools)<br>**60** - Other institutional setting (e.g., psychiatric, VA, or community hospitals, residential treatment centers, nursing homes, intermediate care facilities)<br>**80** - Boarding School<br>**90** - Other<br>**99** - Unknown |
| **Family Household Size** | **Mandatory -** The total number of the client's family members in the household, including the client.<br>**NOTE:** A family includes a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. All people in the household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family.<br>**Range:** 01 - 99<br>(99 = Unknown) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Household Income** | **Mandatory -** The total income of all family members in the client's household.<br><br>**NOTE:** ''Total Income'' is the sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own non-farm or farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.<br><br>**Range:** 000000 - 999999<br>(999999 = Unknown) |
| **Client Income** | **Mandatory -** The total income of the client. See definition of ''Total Income'' above.<br><br>**Range:** 000000 - 999999<br>(999999 = Unknown) |
| **Diagnosis Type** | **Removed. No longer required.** |
| **Principal Diagnosis** | **Removed. No longer required.** |
| **Diagnosis Information**<br><br>**Diagnosis Code 1**<br>**Diagnosis Code Type 1**<br><br>**Diagnosis Code 2**<br>**Diagnosis Code Type 2**<br><br>**Diagnosis Code 3**<br>**Diagnosis Code Type 3**<br><br>**Diagnosis Code 4**<br>**Diagnosis Code Type 4**<br><br>**Diagnosis Code 5**<br>**Diagnosis Code Type 5**<br><br>**Diagnosis Code 6** | **Mandatory** - Describes the major mental illnesses or developmental disabilities for which the client is seeking or receiving services. Report any valid diagnosis code for the following fields.<br><br>**Diagnosis Code 1 - 9**<br>Report ICD-9-CM for Case openings on or before September 30, 2015.<br>(International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM)<br><br>Report ICD-10-CM for Case openings on or after October 1, 2015.<br>International Classification of Diseases, 10th Revision Clinical Modification (ICD-10-CM))<br><br>**Diagnosis Code Type 1 - 9 -** Report 'A' for ICD-10 diagnosis codes, report '9' for ICD-9 diagnosis codes. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Diagnosis Code Type 6**<br><br>**Diagnosis Code 7**<br>**Diagnosis Code Type 7**<br><br>**Diagnosis Code 8**<br>**Diagnosis Code Type 8**<br><br>**Diagnosis Code 9**<br>**Diagnosis Code Type 9** | **NOTE:** Federal and state laws prohibit the disclosure of specific HIV diagnoses and thus, these diagnoses should not be reported on registration. Specific codes should be entered from the official ICD-9-CM Diseases: Tabular List (Volume 1) or Alphabetical List (Volume 2). These are published yearly by the U.S. Department of Health and Human Services, the American Medical Association, or St. Anthony's Press. Additional information may be obtained from the diagnosing clinician. In rare instances where the specific code for the diagnosis is not known enter the code(s) from the list below which best reflects the broader applicable diagnostic category.<br>**********  **NOTE**  **********<br>**The 'XX' indicates where the sub classification of the diagnosis code should be entered. DO NOT ENTER the 'XX''. Enter the exact diagnosis code.**<br>**********<br>001XX - Infectious and Parasitic Diseases<br>140XX - Neoplasms<br>240XX - Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders<br>280XX - Diseases of the Blood and Blood-Forming Organs<br>303XX - Alcohol Dependence Syndromes<br>304XX - Drug Dependence Syndromes<br>320XX - Diseases of the Circulatory System<br>343XX - Infantile Cerebral Palsy<br>345XX - Epilepsy<br>369XX - Blindness and Low Vision<br>389XX - Hearing Loss (or impairment)<br>390XX - Diseases and the Circulatory System<br>460XX - Diseases of the Respiratory System<br>520XX - Diseases of the Digestive System<br>580XX - Diseases of the Genitourinary System<br>630XX - Complications of Pregnancy, Childbirth, and the Puerperium<br>680XX - Diseases of the Skin and Subcutaneous Tissue<br>710XX - Diseases of the Musculoskeletal System and Connective Tissue<br>740XX - Congenital Anomalies<br>760XX - Certain Conditions Originating in the Perinatal Period<br>780XX - Symptoms, Signs, and Ill-Defined Conditions<br>800XX - Injury and Poisoning |
| **Diagnosis Information** | **Mandatory** - Current functioning scale score as |

| FIELD NAME | DESCRIPTION |
|---|---|
| **GAF/CGAS Score** | assessed in the registration process. GAF scores are to be obtained by rating the adult's current level of functioning (i.e., within the past week), while CGAS scores are to be obtained by rating the child's or adolescent's most impaired level of general functioning over the previous month.<br><br>Valid Values: **01-99** |
| **Scale Used** | **Mandatory** - The functional scale used.<br><br>**C** - Children's Global Assessment Scale (CGAS)<br>**G** - Global Assessment of Functioning (GAF)<br><br>**NOTE:** Scale selection will prescribe which client functioning information should be reported. If CGAS scale is used - report the Child Adolescent section for Client Functioning; if GAF scale is used - report the Adult section for Client Functioning. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Client Functioning - Adult** | **Mandatory** - Use these fields when the GAF scale is used for Axis V Diagnosis Information. If CGAS scale is used, this section is not used, leave these fields blank.<br><br>Determination of impairment criteria for adults. Report one of the following codes for each impairment category.<br>**0** - Client does not meet serious impairment criteria<br>**1** - Client meets serious impairment criteria |
| **Social Group / School** | Client has serious impairment in social, occupational, or school functioning. |
| **Employment** | Client is unemployed or working only part-time due to mental illness and not for reasons of physical disability or some other role responsibility (e.g., student or primary care giver for dependent family member); is employed in a sheltered setting or supportive work situation, or has markedly limited work skills. |
| **Financial** | Client requires help to seek public financial assistance for out-of-hospital maintenance (e.g., Medicaid, SSI, SSDI, other indicators). |
| **Community Living** | Client does not seek appropriate supportive community services, (e.g., recreational, educations, or vocational support services), without assistance. |
| **Supportive Social** | Client lacks supportive social systems in the community (e.g., no intimate or confiding relationship with anyone in their personal life, no close friends or group affiliations, is highly transient or has inability to co-exist within family setting). |
| **Daily Living** | Client requires assistance in basic life and survival skills (e.g., must be reminded to take medication, must have transportation to mental health clinic and other supportive services, needs assistance in self-care, household management, food preparation or money management, etc., is homeless or at risk of becoming homeless). |
| **Dangerous Behavior** | Client exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.<br>(Continued on next page) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Client Functioning - Adult** | (Continued) |
| **Previous Impairment** | Currently receiving mental health treatment, has a history within the past five years of functional impairment meeting two of the functional criteria listed above which persisted for at least 12 months, and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment. |
| **Client Functioning - Children & Adolescents** | **Mandatory** - Use these fields when the CGAS scale is used for Axis V diagnosis information. If the GAF scale is used, this section is not used, leave these fields blank.<br>Determination of impairment criteria for children and adolescents. Report one of the following codes for each impairment category.<br><br>**0** - Client does not meet serious impairment criteria<br>**1** - Client meets serious impairment criteria |
| **Self Care** | Consistent inability to take care of age appropriate personal grooming, hygiene, clothes and meeting of nutritional needs. |
| **Community** | Consistent lack of age appropriate behavioral controls, decision-making, judgement, and value systems which result in potential involvement or involvement of the juvenile justice system. |
| **Social Relations** | Consistent inability to develop and maintain satisfactory relationships with peers or adults. |
| **Family Relations** | A pattern of disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness), significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents or inability to conform to reasonable limitations and expectations. The degree of impairment requires intensive (i.e., beyond age appropriate) supervision by parent/care giver and may result in removal from family or its equivalent. |
| **School** | Inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence towards others) that cannot be remedied by a classroom setting (whether traditional or specialized). |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Functional Impairment - Adults** | **Optional** - Use this section is the Multnomah Community Ability Scale (MCAS) was used.<br><br>**NOTE: Consult the MCAS instrument for full descriptions of each item. Staff using the MCAS must be trained by a DMH approved trainer.**<br><br>Determination of functional impairment criteria for adults. Report the appropriate rating for each MCAS domain.<br><br>Domains 1 - 13 and 15 - 17<br>Range: 1 - 5<br>9 Unknown<br><br>Domain 14<br>Range: 0 - 5<br>9 Unknown<br>**Physical Health** - Impairment of client by his/her physical health status.<br><br>**Intellectual Functioning** - General intellectual functioning<br><br>**Thought Process** - Impairment as evidenced by symptoms such as hallucinations, delusions, tangentiality, etc.<br><br>**Mood Abnormality** - Impairment as evidenced by such symptoms as constricted mood, extreme mood swings, etc.<br>(Continued on next page)<br><br>**Response to Stress and Anxiety** - Impairment as evidenced by inappropriate and/or stressful events, etc.<br><br>**Ability to Manage Money** - Successfulness of ability of client to manage his/her money and control expenditures.<br><br>**Independence in Daily Life** - Ability to perform independently in day-to-day living.<br><br>**Acceptance of Illness** - How well client accepted his/her psychiatric disability.<br><br>**Social Acceptability** - Other people's reactions to the client.<br><br>(Continued on next page) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Functional Impairment - Adults** | (continued<br><br>**Social Interest** - Frequency with which client initiates social contracts or responds to other's initiation of contact.<br><br>**Social Effectiveness** - Effectiveness of client's interaction with others.<br><br>**Social Network** - Extensiveness of client's social support network.<br><br>**Meaningful Activity** - Frequency with which client is involved in meaningful activities that are satisfying to him/her.<br><br>**Medication Compliance** - Frequency with which client complies with his/her medication regimen.<br><br>**Cooperation with Treatment Providers** - Frequency with which client cooperates with providers (for example, keeping appointments, complying with treatment plan, etc.).<br><br>**Alcohol/Drug Abuse** - Frequency with which client abuses drugs/alcohol.<br><br>**Impulse Control** - Frequency of episodes of acting out (e.g., temper outbursts, spending sprees, aggressive actions, etc.). |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Functional Impairment - Children & Adolescents** | **Optional** - Use this section is the Child and Adolescent Functional Assessment Scale (CAFAS) was used.<br><br>**NOTE: Consult the CAFAS instrument for full descriptions of each item. The CAFAS is copyrighted. Staff using the CAFAS must be trained by a DMH approved trainer.**<br><br>Determination of functional impairment criteria for children and adolescents. Report the appropriate rating for each CAFAS domain.<br><br>Range: 00 - 30<br>99 Could Not Rate<br><br>**School/Work** - Extent to which child/adolescent meets performance expectations of school/work.<br><br>**Home** - Extent to which self-care is appropriate and household chores are performed satisfactorily.<br><br>**Community** - Extent to which child/adolescent community role performance is satisfactory.<br><br>**Behavior Towards Others** - Extent to which behavior towards others is impaired.<br><br>**Mood/Emotion** - Extent to which expression of feelings or control is impaired.<br><br>**Self-Harm Behavior** - Extent to which child/adolescent displays behavior that is harmful to self (e.g. resulting in pain or injury).<br><br>**Substance Use** - Impairment due to the use of alcohol/drugs.<br><br>**Thinking** - Impairment in thought process.<br><br>***Care-Giver Resources***:<br><br>**Material Needs** - Extent to which care-giver provides for child/adolescent basic needs (e.g. housing, food, etc.)<br><br>**Family/Social Support** - Extent which adequate resources exist to care for child/adolescent. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **History of Illness/Disability** | **Mandatory -** Determination of the client's previous contacts with elements of the mental health delivery system. Report one of the following codes for each category.<br><br>**0** - Client does not meet treatment history criteria<br>**1** - Client meets treatment history criteria |
| **Continuous Treatment** | Continuous treatment of six months or more in one or a combination of the following treatment modalities: inpatient treatment; day treatment; partial hospitalization. |
| **Continuous Residential** | Six months continuous residence in residential treatment programming. |
| **Multiple Residential** | Two or more admissions to inpatient treatment, day treatment, partial hospitalization or residential treatment programming within a 12 month period. |
| **Outpatient** | History of using the following outpatient services over a one year period, whether continuously or intermittently: psychotropic medication management; case management; outreach and engagement services, including SASS and intensive community-based services. |
| **Previous Treatment** | Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization. |
| **Co-Occurring Disorders** | **Mandatory -** Indicates whether or not the client has been screened for co-occurring mental illness/substance abuse disorders.<br><br>**Y** - YES<br>**N** - NO |
| **Justice System Involvement** | **Mandatory -** Describes the client's criminal justice system involvement at the time of case registration.<br><br>**NOT APPLICABLE**<br>**ARRESTED**<br>**CHARGED WITH A CRIME**<br>**INCARCERATED (JAIL)**<br>**INCARCERATED (PRISON)**<br>**JUVENILE DETENTION CENTER**<br>**OTHER**<br>**UNKNOWN** |

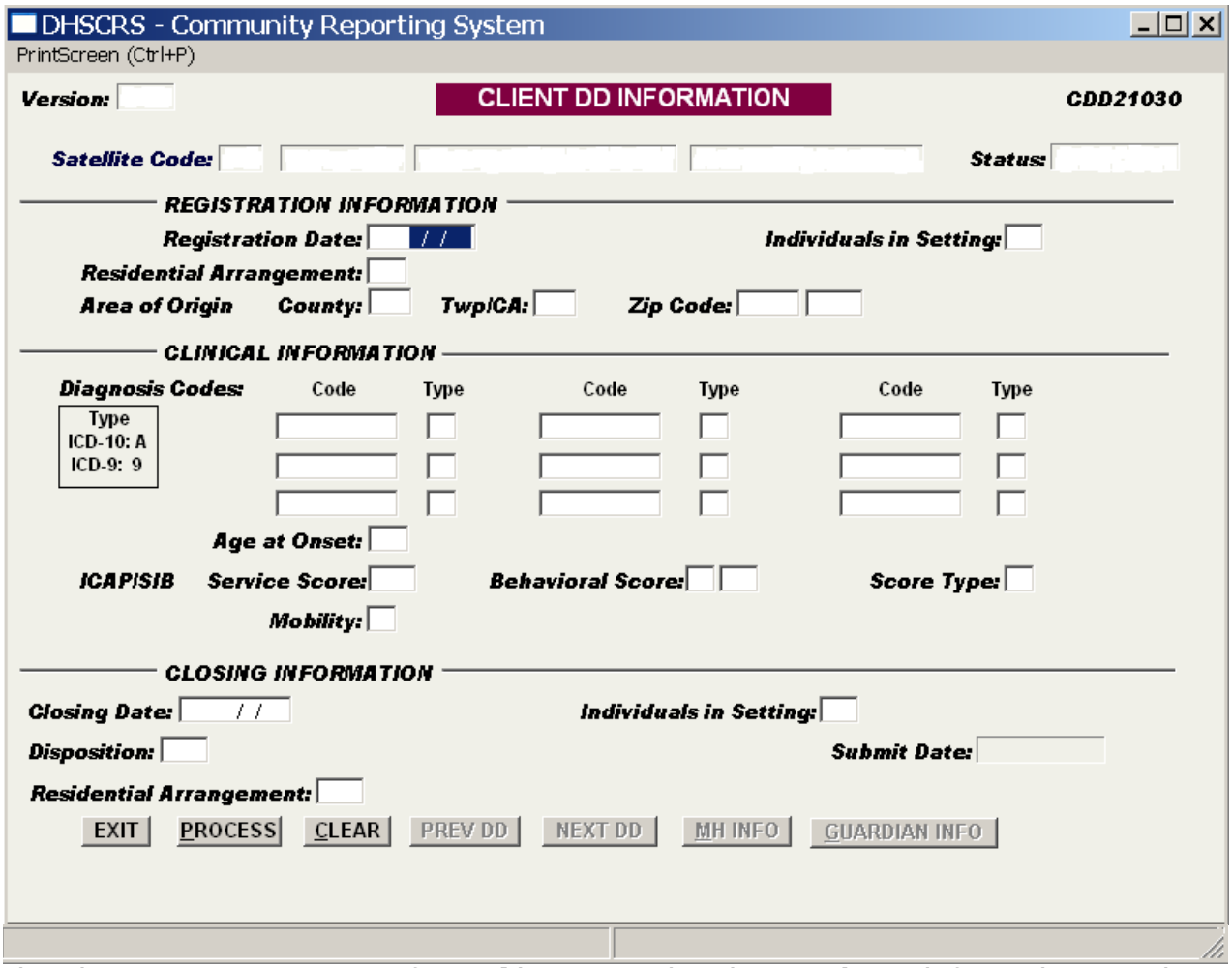
| FIELD NAME | DESCRIPTION |
|---|---|
| **Discharge-Linkage-Aftercare/Triage Information** | The date on which the client was discharged from the State Operated Facility or the date of triage.<br>**FORMAT: MMDDYYYY**<br>**YYYY - Century and year**<br>**MM - Month**<br>**DD - Day**<br><br>The location of the first face to face meeting with the client or the reason a meeting did not take place upon discharge from the State Operated Facility.<br><br>**Meeting Locations:**<br>**01 - At Client Home/Residence**<br>**02 - At Agency**<br>**03 – At State Hospital**<br>**04 – At Other Location**<br><br>**Reasons for No Meeting:**<br>**10 - Client Not Located**<br>**11 - Client Refused Contact with Agency**<br>**12 - Client Moved Out of Service Area**<br>**13 - Client in Jail/DOC**<br>**14 - Client Readmitted to SOF**<br>**15 - Access to Client Denied by Resid. Fac.**<br>**19 - Other**<br>**99 - Unknown** |

| FIELD NAME | DESCRIPTION |
|---|---|
| **MH Cross Disabilities Database Information** | |
| **Date Form Completed** | The date on which the MH cross disabilities database form was completed. |
| **Age of Primary Care Giver** | The age of the primary care giver.<br>**Range: 18-98**<br>**00 - Not Applicable**<br>**99 - Unknown** |
| **Type of Services Needed** | Describes the type of services needed by the client as determined by the assessment staff:<br>**- Residential/Living Arrangement**<br>**- Vocational Rehabilitation**<br>**- Transportation**<br>**- Medical**<br>**- Substance Abuse Treatment**<br>**- MH Case Management**<br>**- Hospitalization**<br>**- Other**<br>**- Unknown** |
| **Type of Services Needed - Other Description** | Specifies the type of services needed when *Other* is selected. |
| **Type of Services Sought** | Describes the type of services sought by the client as determined by the consumer:<br>**- Not Applicable**<br>**- Residential/Living Arrangement**<br>**- Vocational Rehabilitation**<br>**- Transportation**<br>**- Medical**<br>**- Substance Abuse Treatment**<br>**- MH Case Management**<br>**- Hospitalization**<br>**- Other**<br>**- Unknown** |
| **Type of Services Sought - Other Description** | Specifies the type of services sought when *Other* is selected. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **MH Closing Information -** | Leave blank if the client is active. |
| **Closing Date** | **Mandatory** – When closing the Client MH Information, report the closing date.<br>Format: **MMDDYYYY**<br>**MM =** month<br>**DD =** day<br>**YYYY =** century and year |
| **GAF/CGAS Score At Closing** | **Mandatory -** Current functioning scale score as assessed at the time of the case closing process. GAF scores are to be obtained by rating the adult's current level of functioning (i.e., within the past week at last contact), while CGAS scores are to be obtained by rating the child's or adolescent's most impaired level of general functioning over the previous month of the last contact. Valid Values: **00 - 99** |
| **Scale Used for Closing** | **Mandatory -** The functional scale used at closing.<br>**C** - Children's Global Assessment Scale (CGAS)<br>**G** - Global Assessment of Functioning (GAF) |
| **Closing Disposition** | **Mandatory -** Describes the disposition of the client at the point he/she stops receiving services.<br>**01** - Deceased<br>**02** - Completed treatment: client no longer needs services from this provider<br>**03** - Refused treatment: client refuses further treatment from this provider<br>**04** - Transfer: client has been transferred to another community provider, including providers of mental health or developmental disability services, substance abuse treatment, general social services, hospital outpatient services, or other medical care<br>**05** - Moved: client/guardian from service area/out of state, with no transfer to another provider<br>**06** - Transfer to Long Term Care provider setting (ICFDD, IMD, VA inpatient hospital)<br>**07** - Transfer to State-Operated facility<br>**08 -** Incarcerated<br>**90** - Other: Includes discharge of long-term inactive clients and of persons who have been lost to contact<br>**99** - Unknown |
| **Submit Date** | **Display** – The date on which the record was submitted to DHS for processing. |

## 5.4 DD INFORMATION FOR CLIENTS

**Developmental Disabilities Information Screen**




The above screen appears after **Client Data** has been selected from the Menu bar and one of the following options was selected.

select ***Add*** to *Add New Client*
select ***Change*** *to Change Client Information*
select ***Close*** *to Close Client Information*

This screen will be displayed if Developmental Disabilities (DD) was selected on the **Client Information Selection** screen. It is used to report the Developmental Disabilities information on a client.

Enter all the pertinent information and click on ***PROCESS***. If the entry has an error (s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***PROCESS*** again.

**NOTE:** Detailed descriptions of the Developmental Disabilities information fields and corresponding codes are on the following pages.

### 5.4.1 DD INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Satellite Code** | **Display** - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. |
| | **Display** - The Client ID and name reported on the Client's Demographic Information. |
| **Status** | **Display** – Indicates the status of the Developmental Disabilities Information record.<br><br>**PENDING** - The record has not been submitted to DHS.<br>**SUBMITTED** - The record has been submitted to DHS and is awaiting results.<br>**ACCEPTED** - The record has been approved.<br>**REJECTED** - The record has been rejected by DHS with an error.<br>**INCOMPLETE**- The record has not been updated to include the new client case information. |
| **Registration Date** | **Mandatory** – Date on which the client was registered with the agency. This is the date of the first billable or reportable DD service event or intake interview with the client, parent, or guardian.<br>Format: **MMDDYYYY**<br>**MM =** month<br>**DD =** day<br>**YYYY =** century and year |
| **Individuals in Setting** | **Mandatory, if applicable -** When RESIDENTIAL ARRANGEMENT is 68 or 69, this field is **Mandatory.**<br><br>Report the number of individuals residing in the DD-funded community or Foster Care setting.<br><br>This field must be blank when RESIDENTIAL ARRANGEMENT is NOT 68 or 69. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Residential Arrangement** | **Mandatory** – Describes the client's primary residential situation at the present time while services are being initiated or provided.<br><br>**10** – Homeless (e.g., living on the street, in an emergency shelter, or transient)<br>**20** – Family home or own home, may include foster homes that are not DHS funded<br>**40** – State-Operated Facility (Mental Health Center or Developmental Center)<br>**50** – Jail or correctional facility / institution (e.g., detention centers, institutions / training schools)<br>**61** – IMD-Private Institution for persons with Mental Diseases<br>**62** – Private ICF/MI that serves 17 or more clients<br>**63 –** Private ICF/MI for 16 or fewer persons<br>**64** – MH-funded community setting<br>**65** – Private ICF/DD for 17 or more clients<br>**66** – Private ICF/DD for 16 or few persons<br>**67** – Private Skilled Nursing Facilities for Pediatrics (SNF/Peds)<br>**68** – DD-funded community setting where individuals with disabilities reside<br>**69** – DD-funded Foster Care setting where individuals with disabilities reside<br>**70** – Nursing Facility, including licensed private Intermediate Care facilities (ICF) and Skilled Nursing Facilities (SNF)<br>**71** – Licensed Shelter Care Facility DD<br>**72** – Community Residential Alcoholism home<br>**73** – Alcohol inpatient residential setting<br>**74** – Substance abuse inpatient residential setting<br>**80** – Boarding School<br>**81** – Crisis Care<br>**90** – Other<br>**99** – Unknown |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Area of Origin** | **Mandatory** - The geographic location where the client has family or community ties. Refer to the current Directory of Geographic Information. |
| **County** | Code indicating county, Chicago, out-of-state (10300) or unknown (10400). |
| **Twp/CA** | Report Township - if the client resides outside the Chicago city limits, but within the county that requires this further information. The two-digit numeric code must include the zero to the left if the code is less than ten. For example: Berwyn Township in Cook County is '02'.<br>*OR*<br>Report Community Area - if the client resides within the Chicago city limits. This two-digit code must include the zero to the left if the code is less than ten. For example: 400-599 W. Addison St. is '06'. |
| **Zip Code / Suffix** | The five position postal zip code plus the four position suffix, if known. |
| **Diagnosis Type** | **Removed. No longer required.** |
| **Principal Diagnosis** | **Removed. No longer required.** |
| **Diagnosis Information**<br>**Diagnosis Code 1**<br>**Diagnosis Code Type 1**<br>**Diagnosis Code 2**<br>**Diagnosis Code Type 2**<br>**Diagnosis Code 3**<br>**Diagnosis Code Type 3**<br>**Diagnosis Code 4**<br>**Diagnosis Code Type 4**<br>**Diagnosis Code 5**<br>**Diagnosis Code Type 5**<br>**Diagnosis Code 6**<br>**Diagnosis Code Type 6**<br>**Diagnosis Code 7**<br>**Diagnosis Code Type 7**<br>**Diagnosis Code 8**<br>**Diagnosis Code Type 8** | **Mandatory** - Describes the major mental illnesses or developmental disabilities for which the client is seeking or receiving services. Report any valid diagnosis code for the following fields.<br><br>**Diagnosis Code 1 - 9**<br>Report ICD-9-CM or ICD-10-CM (International Classification of Diseases, 9th Revision Clinical Modification (ICD-9-CM) International Classification of Diseases, 10th Revision Clinical Modification (ICD-10-CM))<br><br>**Diagnosis Code Type 1 - 9 -** Report 'A' for ICD-10 diagnosis codes, report '9' for ICD-9 diagnosis codes.<br><br>**NOTE:** Federal and state laws prohibit the disclosure of specific HIV diagnoses and thus, these diagnoses should not be reported on registration. Specific codes should be entered from the official ICD-9-CM Diseases: Tabular List (Volume 1) or Alphabetical List (Volume 2). These are published yearly by the U.S. Department of Health and Human Services, the American Medical Association, or St. Anthony's Press. Additional information may be obtained from the diagnosing |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Diagnosis Code 9** (continued)<br><br>**Diagnosis Code Type 9** | clinician. In rare instances where the specific (continued)<br><br>code for the diagnosis is not known, report the code(s) from the list in Appendix C which best reflects the broader applicable diagnostic category.<br><br>001XX - Infectious and Parasitic Diseases<br>140XX - Neoplasms<br>240XX - Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders<br>280XX - Diseases of the Blood and Blood-Forming Organs<br>303XX - Alcohol Dependence Syndromes<br>304XX - Drug Dependence Syndromes<br>320XX - Diseases of the Circulatory System<br>343XX - Infantile Cerebral Palsy<br>345XX - Epilepsy<br>369XX - Blindness and Low Vision<br>389XX - Hearing Loss (or impairment)<br>390XX - Diseases and the Circulatory System<br>460XX - Diseases of the Respiratory System<br>520XX - Diseases of the Digestive System<br>580XX - Diseases of the Genitourinary System<br>630XX - Complications of Pregnancy, Childbirth, and the Puerperium<br>680XX - Diseases of the Skin and Subcutaneous Tissue<br>710XX - Diseases of the Musculoskeletal System and Connective Tissue<br>740XX - Congenital Anomalies<br>760XX - Certain Conditions Originating in the Perinatal Period<br>780XX - Symptoms, Signs, and Ill-Defined Conditions<br>800XX - Injury and Poisoning |
| **Age at Onset** | **Mandatory -** The age (or approximate age) that the client first experienced the developmental disabilities identified.<br><br>Valid Ages: **00-21** |

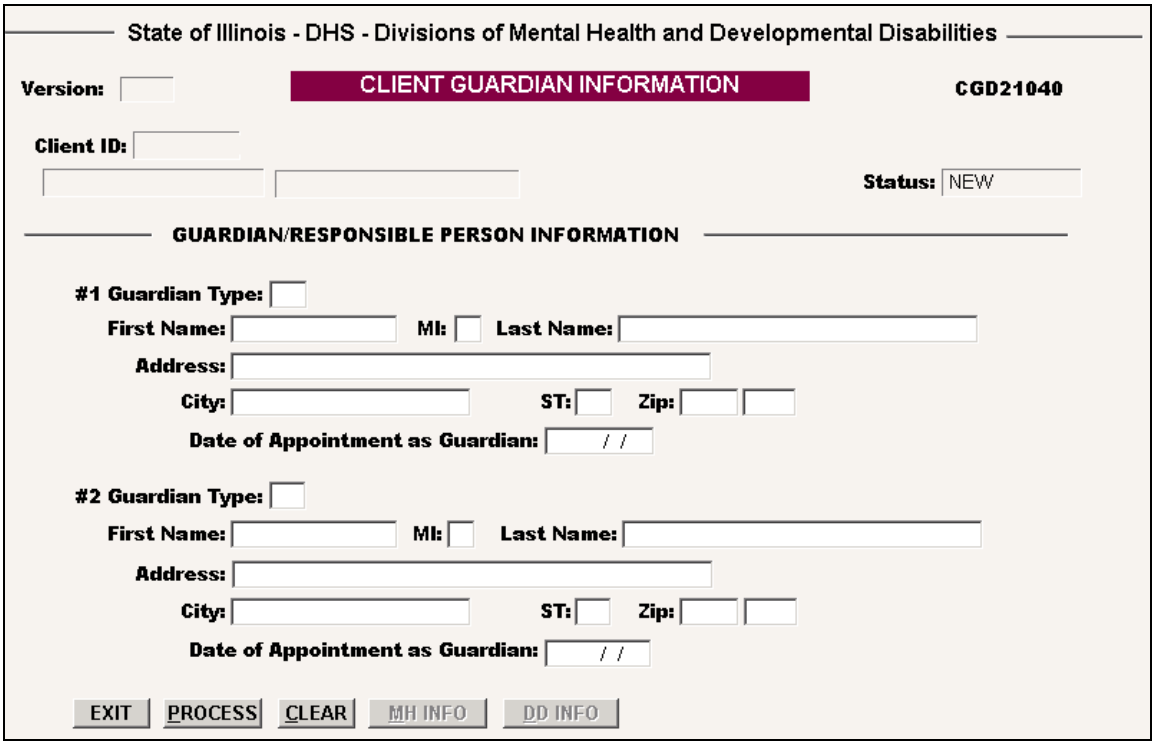
| FIELD NAME | DESCRIPTION |
|---|---|
| **ICAP/SIB Score Information**<br><br>**Service Score** | **Mandatory -** Required only for clients with developmental disabilities who are receiving waiver-funded services or for services which require administration of the Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior (SIB). The ICAP is currently required for all clients receiving Community-Integrated Living Arrangement (CILA) services or Developmental Training (DT) services, and for all Medicaid waiver clients receiving other waiver-funded services, including adult residential services, (HIP, SHF, CLF) and supported employment.<br>Report the ICAP or SIB service score that the client received on the most recent ICAP/SIB administered.<br>Range: **01** to **99**<br>**00** - Not Applicable<br>**NOTE:** If the Service Score is not available, but the ICAP Service Level is known, enter the ICAP Service Level as the first digit and enter 5 as the second digit; this is the mid-point of the range. |
| **Behavioral Score Indicator** | Use this field to indicate whether the Behavioral Score is a negative or a positive number.<br>(**-**) - Negative value<br>(**+**) - Positive value |
| **Behavioral Score** | The General Maladaptive Index (GMI) score that the client received on the most recent ICAP/SIB administered.<br>Range: **-70** to **+10**<br>**+99** - Not Applicable |
| **Score Type** | SCORE TYPE: Indicates whether the ICAP or SIB was administered.<br>**I** - Inventory for Client & Agency Planning (ICAP)<br>**S** - Scales of Independent Behavior (SIB)<br>**N** - Not Applicable |
| **Mobility** | From ICAP, Part C, Functional Limitations and Needed Assistance, Question 9.<br><br>Valid Values:<br>**1** - Walks with or without aids.<br>**2** - Usually in a wheelchair or does not walk.<br>**3** - Limited to bed most of the day.<br>**4** - Confined to bed for the entire day. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **DD Closing Information** | Leave blank if the client is active. |
| **Closing Date** | **Mandatory** - When closing the Client DD Information, report the closing date.<br>Format: **MMDDYYYY**<br>**MM =** month<br>**DD** = day<br>**YYYY** = century and year |
| **Individuals in Setting At Closing** | **Mandatory -** for closing when RESIDENTIAL ARRANGEMENT is 68 or 69.<br><br>Report the number of individuals residing in the DD-funded community or Foster Care setting.<br><br>This field must be blank when RESIDENTIAL ARRANGEMENT AT CLOSING is NOT 68 or 69. |
| **Closing Disposition** | **Mandatory -** Describes the disposition of the client at the point he/she stops receiving services.<br><br>**01** - Deceased<br>**02** - Completed treatment: Client no longer needs services from this provider<br>**03** - Refused treatment: client refuses further treatment from this provider<br>**04** - Transfer: client has been transferred to another community provider, including providers of mental health or developmental disability services, substance abuse treatment, general social services, hospital outpatient services, or other medical care<br>**05** - Moved: client/guardian from service area/out of state, with no transfer to another provider<br>**06** - Transfer to Long Term Care provider setting (ICFDD, IMD, VA inpatient hospital)<br>**07** - Transfer to State-Operated facility<br>**08** - Incarcerated<br>**90** - Other: Includes discharge of long-term inactive clients and of persons who have been lost to contact<br>**99** - Unknown<br><br>(Continued on next page) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **DD Closing Information** | (Continued) |
| **Residential Arrangement At Closing** | **Mandatory -** Describes the client's primary residential situation at the time he/she stops receiving services.<br><br>**10** - Homeless (e.g., living on the street, in an emergency shelter, or transient)<br>**20** - Family home or own home, may include foster homes that are not DHS-funded<br>**40** - State-Operated Facility (Mental Health Center or Developmental Center)<br>**50** - Jail or correctional facility / institution (e.g., detention centers institutions/training schools)<br>**61** - IMD-Private Institution for persons with Mental Diseases<br>**62** - Private ICF/MI that serves 17 or more clients<br>**63 -** Private ICF/MI for 16 or fewer persons<br>**64** - MH-funded community setting<br>**65** - Private ICF/DD for 17 or more clients<br>**66** - Private ICF/DD for 16 or fewer persons<br>**67** - Private Skilled Nursing Facilities for Pediatrics (SNF/Peds)<br>**68 -** DD-funded community setting where individuals with disabilities reside<br>**69** - DD-funded Foster Care setting where individuals with disabilities reside<br>**70** - Nursing Facility, including licensed private Intermediate Care facilities ICF) and Skilled Nursing Facilities (SNF)<br>**71 -** Licensed Shelter Care Facility<br>**72** - Community Residential Alcoholism home<br>**73** - Alcohol inpatient residential setting<br>**74** - Substance abuse inpatient residential setting<br>**80 -** Boarding School<br>**81** - Crisis Care<br>**90** - Other<br>**99** - Unknown |
| **Submit Date** | **Display** - The date on which the record was submitted to DHS for processing. |

## 5.5 GUARDIAN INFORMATION FOR CLIENTS

**Guardian Information Screen**




The above screen appears after **Client Data** has been selected from the Menu bar,

select ***Add*** to *Add New Client*
select ***Change*** *to Change Client Information*

This screen will be displayed if Guardian Information was selected on the **Client Information Selection** screen and the DD and/or MH Information for the client has been entered. It is used to report the Guardian Information on a client.

Enter all pertinent information and click on ***PROCESS.*** If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***PROCESS*** again.

**NOTE:** Detailed descriptions of the guardian information fields and corresponding codes are on the following pages.

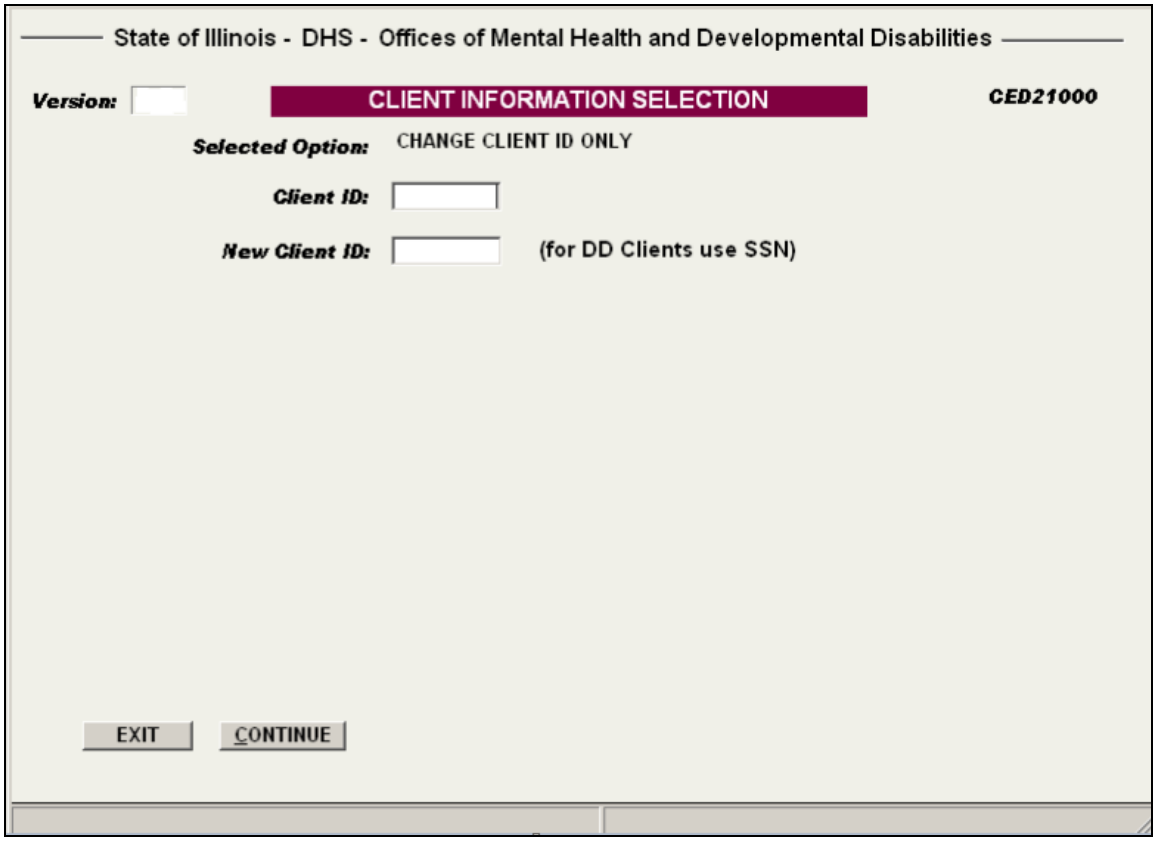
### 5.5.1 GUARDIAN INFORMATION GLOSSARY

| FIELD NAMES | DESCRIPTION |
|---|---|
| **Client ID** | **Display -** The Client ID and name reported on the Client's Demographic Information. |
| **Status** | **Display -** Indicates the status of the DD Information record.<br><br>**PENDING** - The record has not been submitted to DHS.<br>**SUBMITTED** - The record has been submitted to DHS and is awaiting results.<br>**ACCEPTED** - The record has been approved.<br>**REJECTED** - The record has been rejected by DHS with an error. |
| **Guardian Type** | **Display** - Describes the relationship of the guardian to the client. The provider must obtain a copy of the legal guardianship documents to verify that guardianship is official, except for parent of minor child.<br><br>**01** - Delete guardian(s)<br>**02** - Parent of minor child (0-17)<br>**03** - Limited of Person<br>**04 -** Limited of Estate<br>**05** - Plenary of Person<br>**06** - Plenary of Estate<br><br>**NOTE:** To delete <u>all</u> previous DHS accepted guardian information, report ''01" in Guardian Type on the first guardian. |
| **Guardian Name Information**<br><br>**First Name**<br><br>**Middle Initial (MI)**<br><br>**Last Name** | **Mandatory -** Complete name and address of the guardian or responsible person.<br><br>The complete first name<br><br>The middle initial<br><br>The complete last name<br><br>**NOTE:** If the person listed is not the parent of a minor child or a court appointed guardian, the provider must have in the client's file a current signed release of information to authorize release of this information. |

| FIELD NAMES | DESCRIPTION |
|---|---|
| **Guardian Address Information** | **Mandatory -** The complete address of the guardian or responsible person. |
| **Address** | Street or box number |
| **City** | City |
| **ST** | Post Office abbreviation for State |
| **Zip Code / Suffix** | The five position postal zip code plus the four position suffix, if known. |
| **Date of Appointment as Guardian** | **Mandatory if applicable -** When GUARDIAN TYPE is 03, 04, 05, 06, report the date of appointment as guardian by the court.<br>Format: **MMDDYYYY**<br>**MM =** month<br>**DD =** day<br>**YYYY =** century and year<br><br>**NOTE:** When guardian type is 02, leave this field blank. |

## 5.6 CHANGE CLIENT ID ONLY

**Change Client ID Screen**



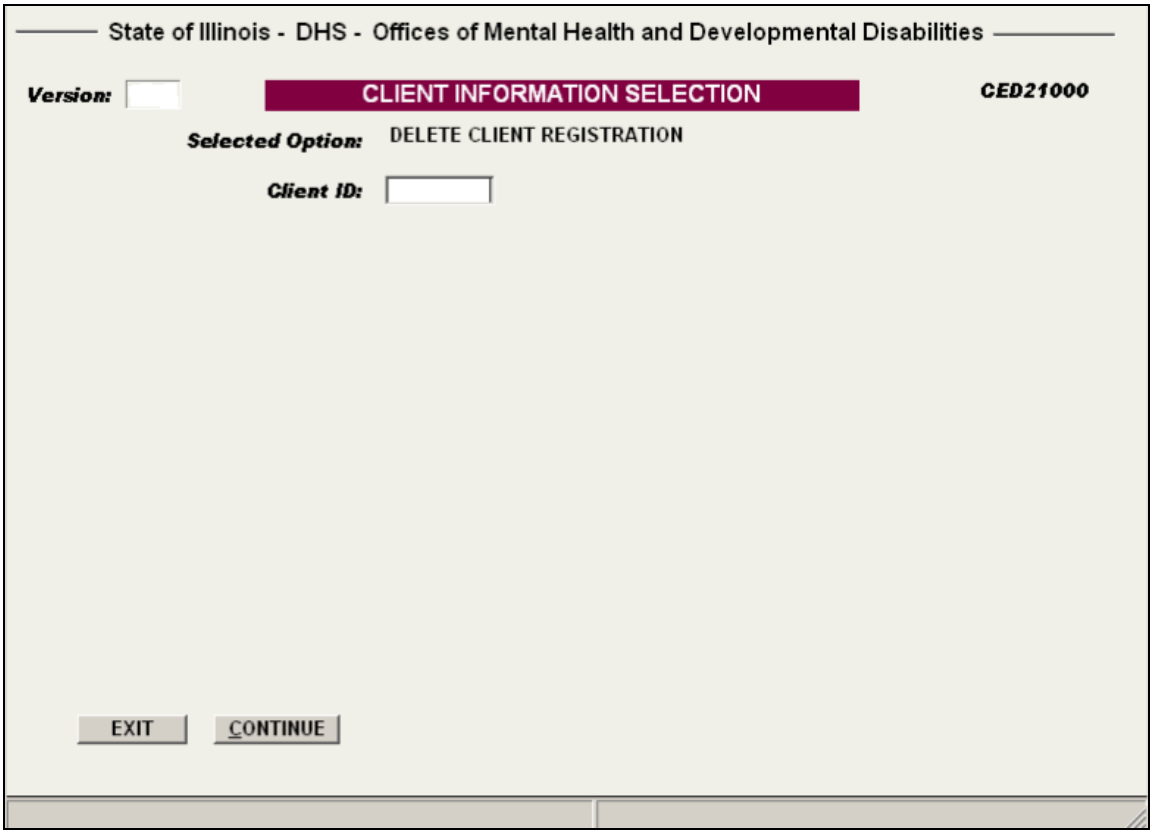

The above screen appears after **Client Data** has been selected from the Menu bar and the ***Change ID ONLY*** option is selected.

The **CHANGE CLIENT ID ONLY** option on the **Client Information Selection** screen is used to change or correct an individual's client ID.

Enter **Client ID** as it is currently on file. Enter the correct Client ID in the **New Client ID** field and click CONTINUE. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***CONTINUE*** again.

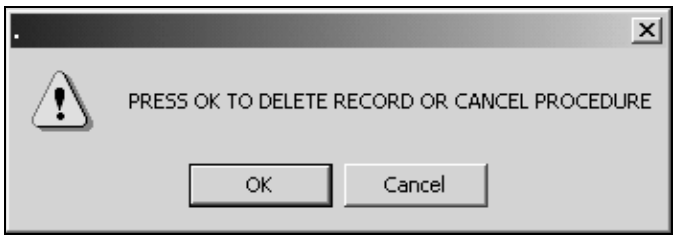
## 5.7 DELETE CLIENT REGISTRATION

**Delete Client Registration Screen**




The above screen appears after **Client Data** has been selected from the Menu bar and the **Delete** option is selected.

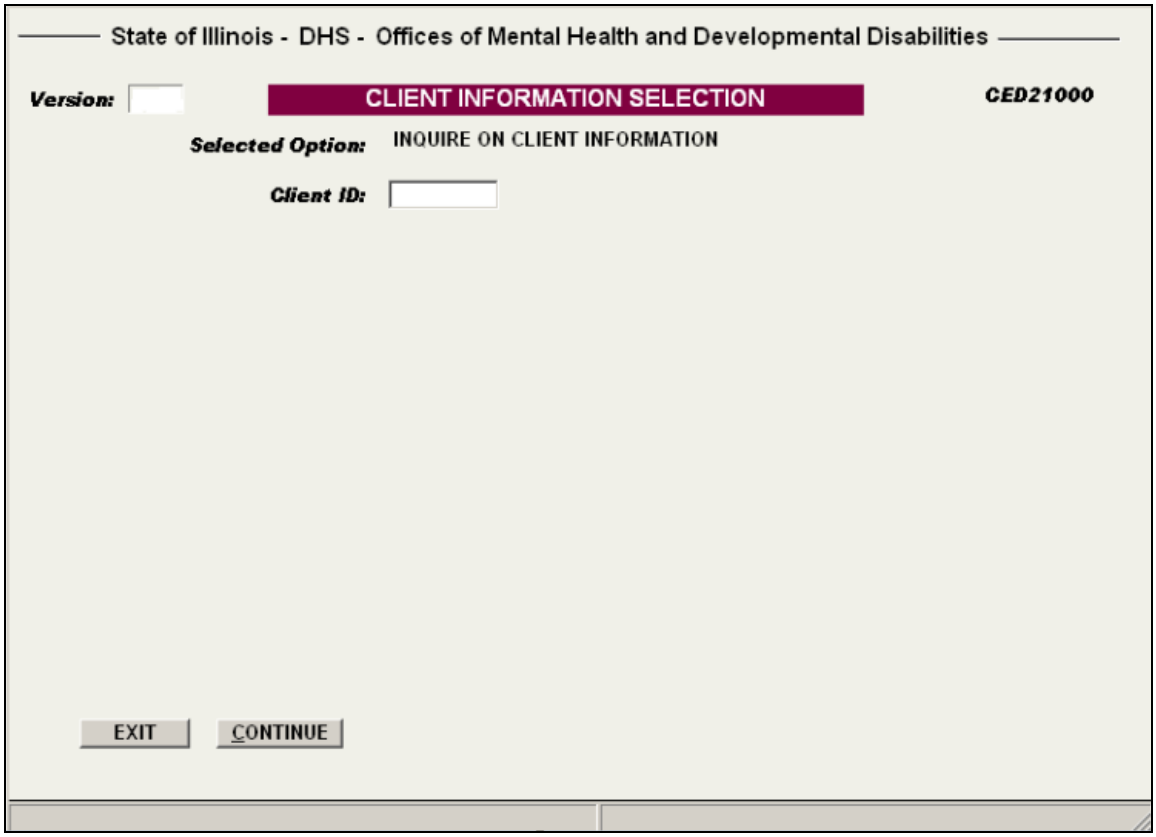
Enter the **Client ID** and click ***CONTINUE***. The following text box will be displayed. Click on ***OK*** to start the delete process or ***CANCEL*** to abort the delete process.




**NOTE:** A client which has services recorded cannot have the Client Registration information deleted.

## 5.8 INQUIRE ON CLIENT INFORMATION

**Inquire on Client Information Screen**

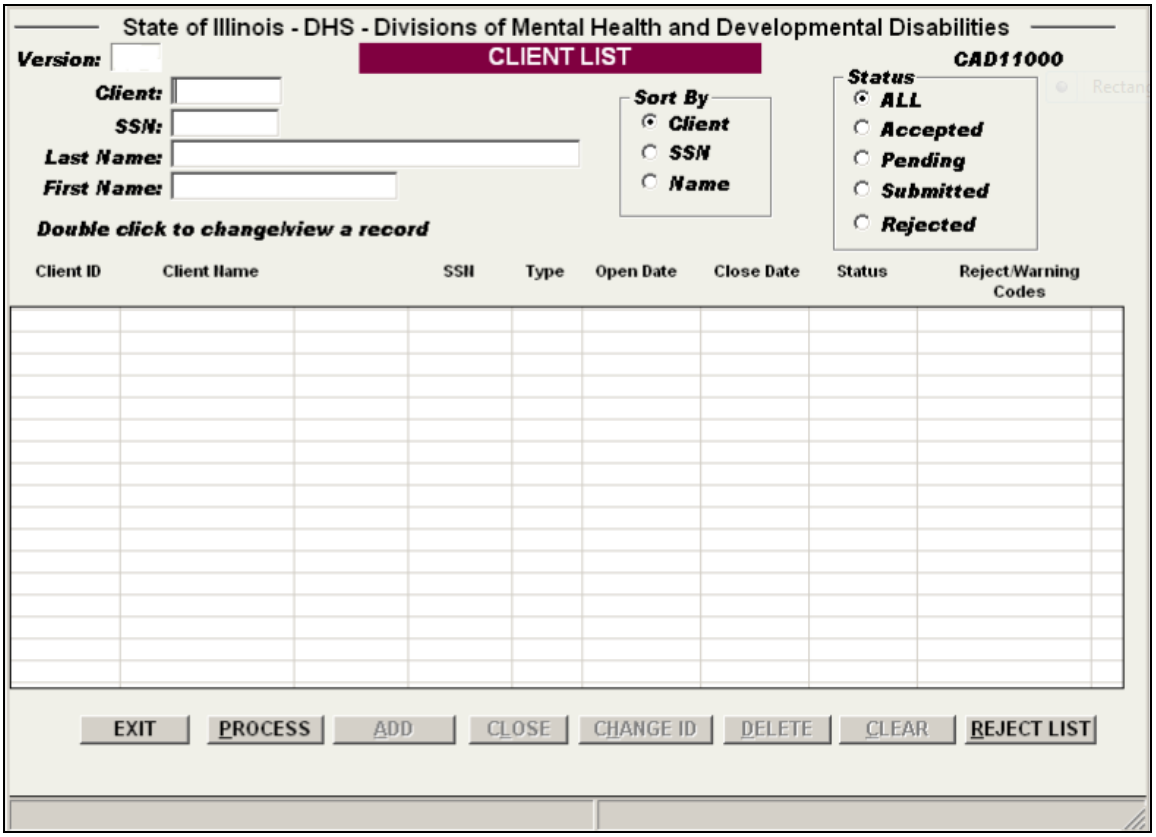



The above screen appears after **Client Data** has been selected from the Menu bar and the **Inquire** option is selected.

The screen will appear with the cursor set on the **Client ID** field. Enter the Client ID and click ***CONTINUE***. The first page of demographic information will be displayed for the client. Use the push buttons at the bottom of the screen to view the next page of demographic information for the client and the corresponding Mental Health (MH), Developmental Disabilities (DD), and guardianship information, as applicable.

## 5.9 CLIENT LIST INFORMATION

**Client List**

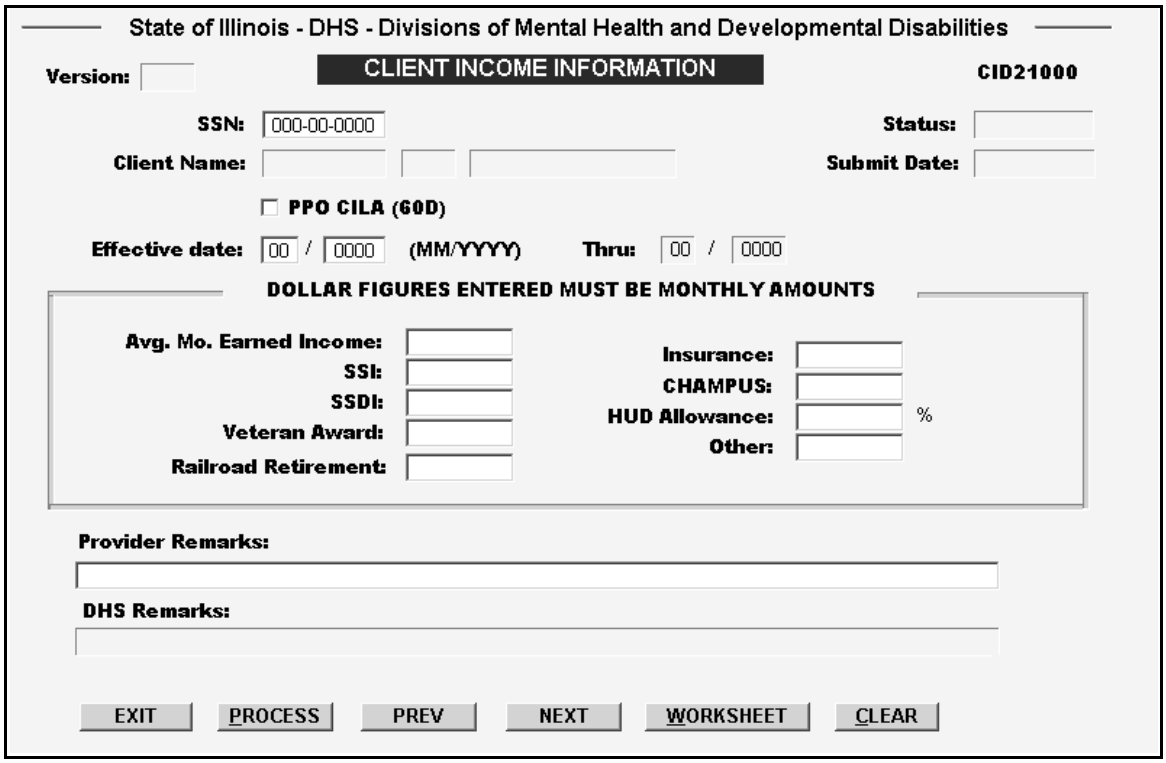



The above screen appears after ***Client Data*** is selected from the menu bar then ***Client List*** from the drop down lists.

This screen can be used for multiple purposes. Records to be displayed by are selected by Client ID, SSN, Last Name or First Name. Records are sorted by Client ID, SSN or Name for the particular Status being selected. After the selection for processing has been entered, click on ***PROCESS***. The records will then be displayed on the screen. Clicking on a selected record will give the options of correct/delete a rejected record, changing an un-submitted record or inquiring on a record.

## 5.10 CLIENT INCOME INFORMATION

### Add/Change Income Information



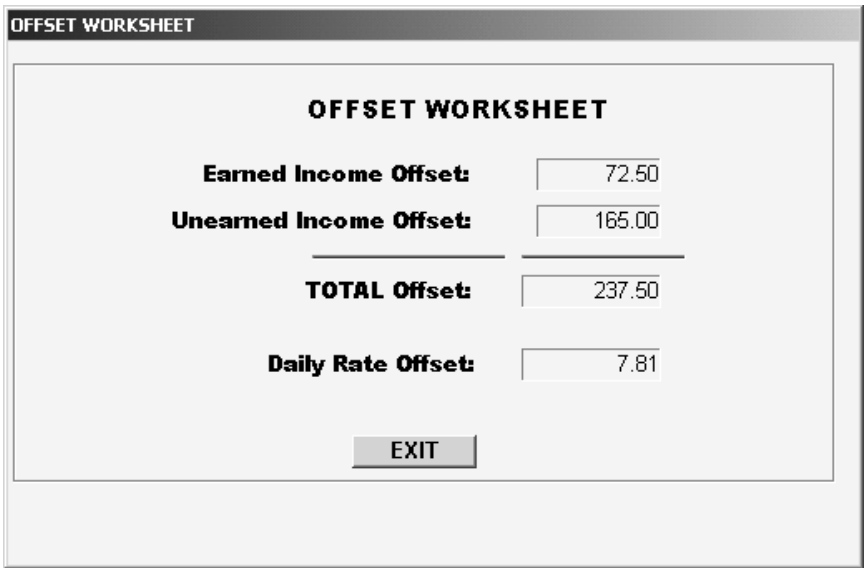

The above screen appears after **Client Data** has been selected from the Menu bar and the **Add/Change Income Info** option is selected.

This screen is used for entering client monthly income information for individuals receiving residential services in the Fee For Services programs. Income information for the month of service must exist before bills may be entered for residential services. To enter client income information, the case information screens (demographic and either developmental disability or mental health) must first be in place. **NOTE:** A valid amount must be entered even if zeros.

Income information is valid for no more than 12 months from the effective date. Agencies must provide updated information on or before the termination date for residential bills to continue to be accepted. Agencies may update the information as frequently as monthly if they prefer.

If the entry is error free, a message will be displayed indicating the record was added/updated. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s), and then click ***PROCESS*** again.

When the client income information has been entered, click on ***WORKSHEET*** to see the projected daily rate offset. (Note: The projected rate offset calculated at the PC will be recalculated by DHS processing and may be adjusted.) The projected daily rate offset is the amount that the total cost rate (topline rate) is reduced to obtain the daily rate (bottomline rate) that the Department pays. The individual is responsible to pay the daily rate offset amount from the income reported on this screen.




**NOTE:** Detailed descriptions of the Client Income information fields and corresponding codes are on the following pages.

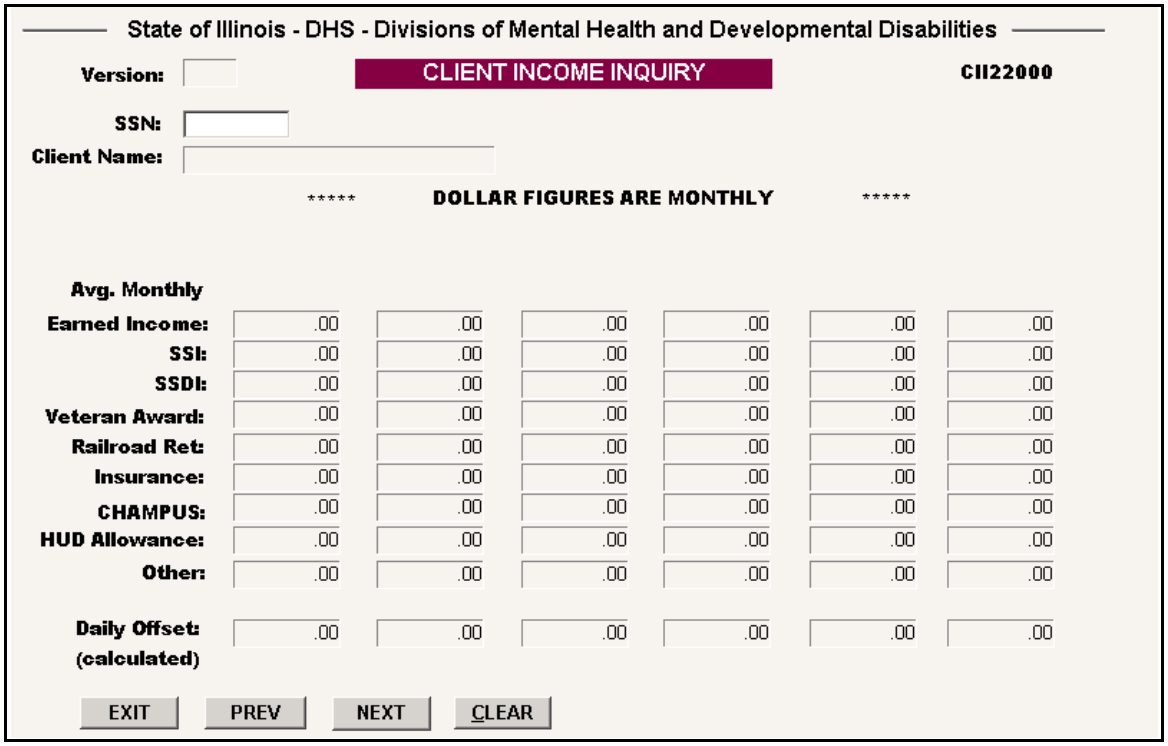
### 5.10.1 CLIENT INCOME INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Social Security Number (SSN)** | **Mandatory** – The client's social security number (SSN). |
| **Client Name** | **Display -** The complete legal name of the client as reported on the Client's Case Information. |
| **Status** | **Display -** Indicates the status of the Client Income Information record.<br><br>**PENDING -** The record has not been submitted to DHS.<br>**SUBMITTED -** The record has been submitted to DHS and is awaiting results.<br>**ACCEPTED -** The record has been approved.<br>**REJECTED -** The record has been rejected with an error. |
| **Submit Date** | **Display** – The date on which the record was submitted to DHS for processing. |
| **Effective date**<br><br>**Thru** | **Mandatory -** Starting date on which the client income information should be used in rate calculations<br><br>**Display** – Ending date on which the client income information will stop being used in rate calculations.<br><br>**Format: MMCCYY**<br>**MM =** month<br>**CCYY** = century and year |
| **Avg. Mo. Earned Income** | **Mandatory** – Projected average monthly earned income based on past earnings and anticipated future earnings, for the effective time period of this record. Enter dollars and cents or zero. |
| **SSI** | **Mandatory** – Monthly Supplemental Security Income (SSI) benefit for the effective time period of this record. Enter dollars and cents or zero. |
| **SSDI** | **Mandatory** – Monthly Social Security Disability Insurance benefit for the effective time period of this record. Enter dollars and cents or zero. |
| **Veteran Award** | **Mandatory** – Monthly veteran's award benefit for the effective time period of this record. Enter dollars and cents or zero. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Railroad Retirement** | **Mandatory** – Monthly Railroad Retirement benefit for the effective time period of this period. Enter dollars and cents or zero. |
| **Insurance** | **Mandatory** – Monthly private insurance benefit for the effective time period of this record. Enter dollars and cents or zero. |
| **CHAMPUS** | **Mandatory** – Monthly CHAMPUS benefit for the effective time period of this record. Enter dollars and cents or zero. |
| **HUD Allowance** | **Mandatory** – Monthly HUD allowance for the effective time period of this record. Enter a percent or zero. |
| **Other** | **Mandatory** – Any other monthly income for the effective time period of this record. Enter dollars and cents or zero. |
| **Provider Remarks** | **Optional** – Explanatory notes for provider use. |
| **DHS Remarks** | **Display** – Explanatory notes from the results of DHS processing. For example, if SSI data are overwritten by SSI data from the Social Security Administration, it will be noted here. |

## 5.10.2 CLIENT INCOME INFORMATION INQUIRY

**Inquire on Client Financial Information**

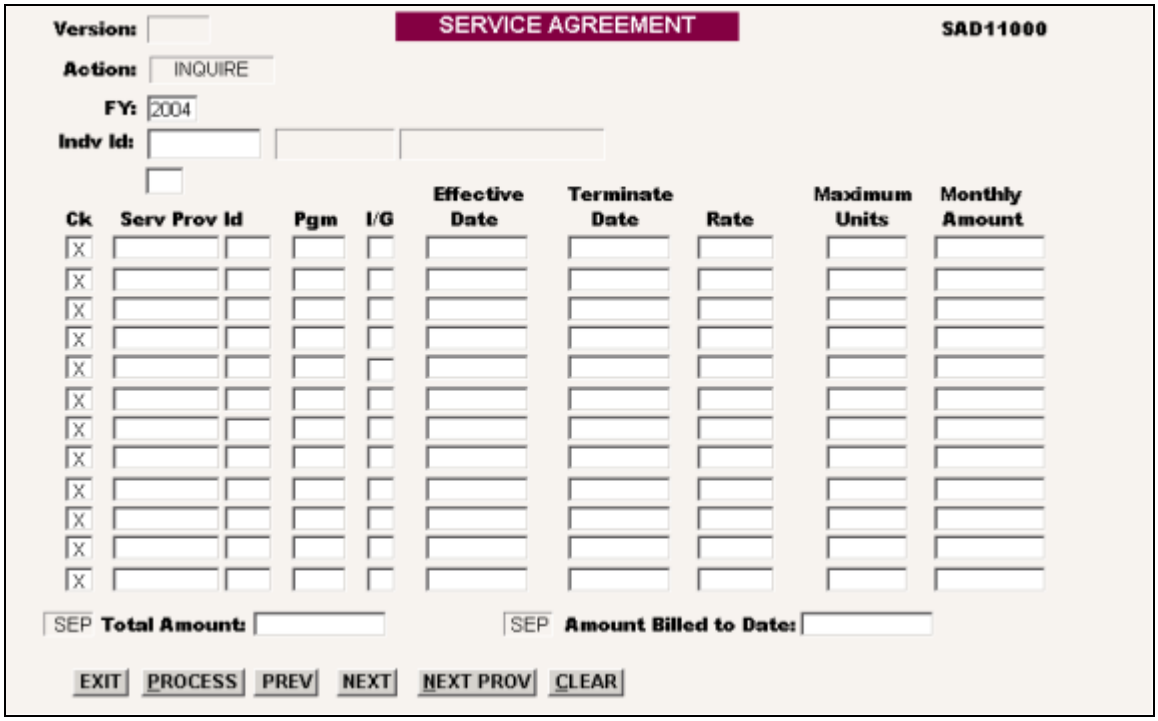



The above screen appears after **Client Data** has been selected from the Menu bar and the **Inquire Income Information** option is selected.

Enter the Client's **SSN** and the Income Information for six months will be displayed. By clicking on ***PREV*** the client's income information for the previous six months will be displayed.

## 5.11 SERVICE AGREEMENT INFORMATION

**Service Agreement Information Screen**




The above screen appears after **Client Data** has been selected from the Menu bar and the **Service Agreements** option is selected.

This screen is used for entering service agreement information. To enter service agreements, two things must first be in place: (1) the individual must be entered into the OBRA PC Reporting System, and (2) the provider information screen(s) must be completed for each provider serving the individual. Enter all information and click on ***PROCESS***. **NOTE:** The **FY** field will automatically appear with the current fiscal year but may be changed to add/inquire on other fiscal years. The user may enter an asterisk in the **Ck** field to propagate information from the previous line (**Serv Prov ID** and **Effective Date**).

On an inquiry, if **MONTH** is entered, no changes may be made to service agreements. The user may view the active service agreements for an individual for a specific month. If **MONTH** is not entered, all service agreements are displayed and may be updated by placing a **C** in the **Ck** field, if necessary. You can also add service agreements by placing an **A** in the **Ck** field.

**NOTE:** The system will default the termination date to June 30th of the fiscal year if the field is not entered. It is not necessary to enter the slashes in the date fields; the system will display them once you tab out of the field.

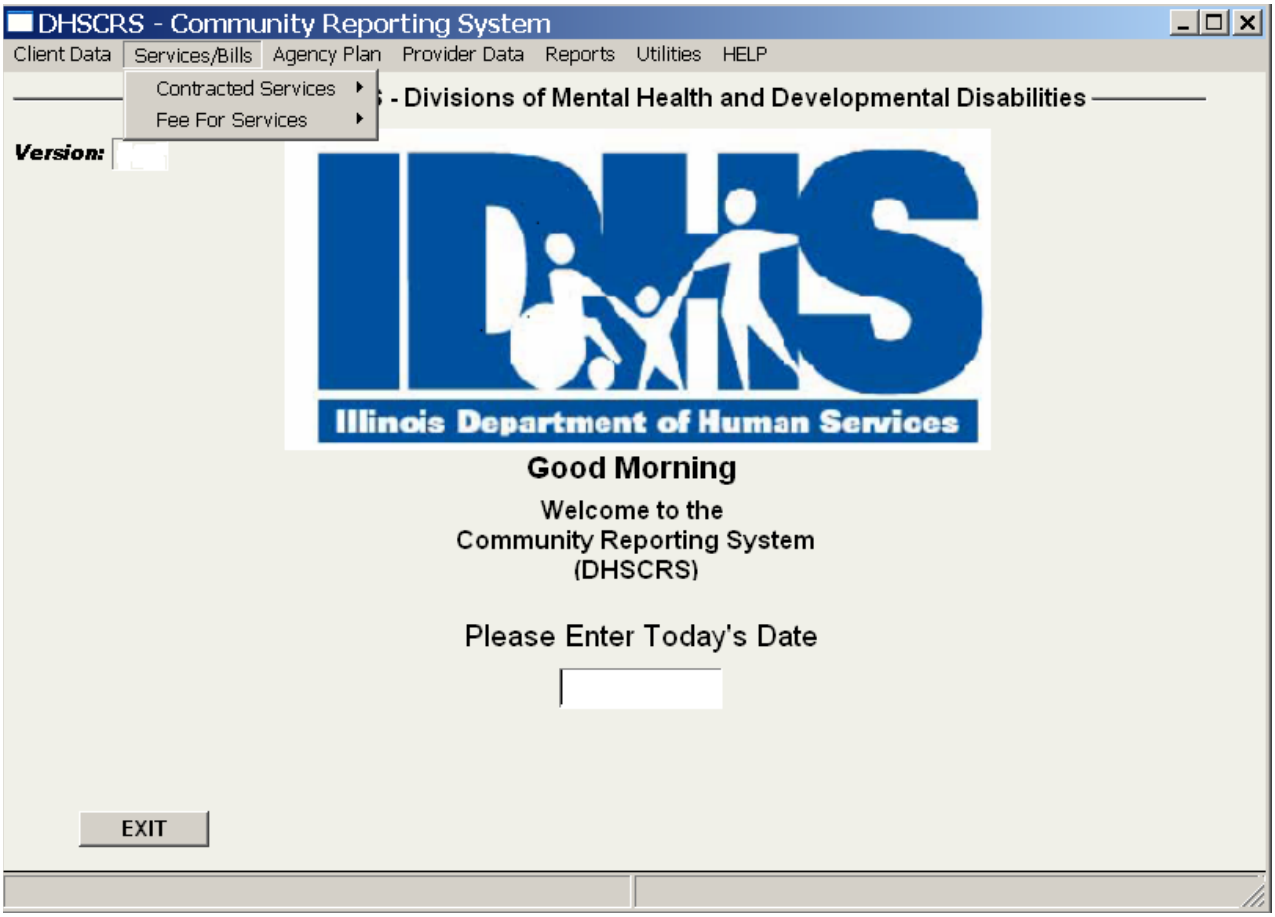
If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***PROCESS*** again.
**NOTE:** Detailed descriptions of the Service Agreement information fields and corresponding codes are on the following page.

### 5.11.1 SERVICE AGREEMENT INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **FY** | **Mandatory -** Fiscal year of the service agreement |
| **Indv ID** | **Mandatory -** Social Security Number of the individual receiving service<br>**Display -** Individual's Name |
| **Month** | **Optional -** For inquiry only: enter specific month to be viewed |
| **Ck** | **Mandatory -** Action indicator for the line<br><br>User entry:<br><br>**A -** Add<br>**C -** Change<br>**D -** Delete<br>**X -** Bypass<br>*** -** Propagate |
| **Serv Prov ID** | **Mandatory -** Taxpayer ID Number/Taxpayer ID suffix (if assigned) |
| **Pgm** | **Mandatory -** Program Code/Program Suffix |
| **I/G** | **Mandatory -** Service mode for program to indicate whether the service was billed at the individual or group rate<br><br>**I -** Individual<br>**G -** Group |
| **Effective Date** | **Mandatory -** Date on which the service agreement becomes active |
| **Terminate Date** | **Optional -** Date on which the service agreement becomes inactive |
| **Rate** | **Mandatory -** Program rate |
| **Maximum Monthly Units** | **Mandatory -** Total maximum monthly service units |
| **Maximum Monthly Amount** | **Display -** Total maximum monthly amount that can be billed to DHS |
| **xxx Total Amount** | **Display -** Total amount of the service agreements for the month (xxx = current system month or inquiry month depending upon ACTION). |
| **xxx Amount Billed To Date** | **Display -** Total charge amount of the bills current in the system for the month (this includes the DPA DT amount). |

**SECTION 6**

**SERVICE REPORTING/BILLING INFORMATION**




This screen displays the selection process for entering Service reporting/MH Billing and Fee For Services records. After selecting *Services/Bills* from the Menu bar, a drop down list will be displayed.

The entry screens for the list options are described later in this Section.

**SECTION 6 - SERVICE REPORTING/BILLING INFORMATION -** (continued)

Service data is accessed by clicking on **Services/Bills** in the Menu bar and selecting one of the following options:

**CONTRACTED SERVICES -** The Contracted Services option is used for Reporting of Community Services (ROCS) service reporting and Mental Health billing entry.

**Daily Reporting** - This option displays the screen to allow daily Service Reporting and Mental Health Billing in a daily format.

**Add / Change / Delete** - Allows for adding, changing or deleting new/un-submitted services. This screen may also be used to Inquire on a service record.

**Add using a Roster** - Allows for adding services using rosters. It requires the entry of a valid roster ID.

**Back Bill Medicaid** - Allows Mental Health Medicaid Billing on services previously reported and accepted. *(Daily Reporting)*

**Adjust (Singly)** - Allows for adjusting accepted services.

**Adjust (List)** - Allows for a ''Mass'' rate change adjustment process. *(Daily Reporting)*

**Monthly Hours** - This option displays the screen to allow Service Reporting in a monthly duration format (hours/minutes). This screen cannot be used for MH Medicaid billing.

**Add / Change / Delete** - Allows for adding, changing or deleting new/un-submitted services. This screen may also be used to Inquire on a service record.

**Add using a Roster** - Allows for adding services using rosters. It requires the entry of a valid roster ID.

**Adjust (Singly)** - Allows for adjusting accepted services.

**Monthly Attendance** - This option displays the screen to allow service reporting in a monthly attendance format (attendance). This screen cannot be used for MH Medicaid billing.

**Add / Change / Delete** - Allows for adding, changing or deleting new/un-submitted services. This screen may also be used to Inquire on a service record.

**Add using a Roster** - Allows for adding services using rosters. It requires the entry of a valid roster ID.

**Adjust (Singly)** - Allows for adjusting accepted services.

**CONTRACTED SERVICES –** (continued)

**Correct / Delete Rejects** – Allows for correcting/deleting rejected services.

**Services List** – Allows for *correcting/deleting* rejected services, *inquiry* of selected services in a list format, or ''*back billing* MH Claims'' by allowing Mental Health Billing for services previously reported and accepted.

**FEE FOR SERVICES –** The Fee For Services option is used for the Community Reimbursement System (CRS) billing entry.

**By Provider** – This option displays the screen to allow Fee For Services entry by provider.

**By Client** – This option displays the screen to allow Fee For Services entry by client.

**Add / Change / Delete** – Allows for adding, deleting or changing new/unsubmitted bills.

**Add using a Roster** – Allows for adding bills using rosters. It requires the entry of a valid roster ID.

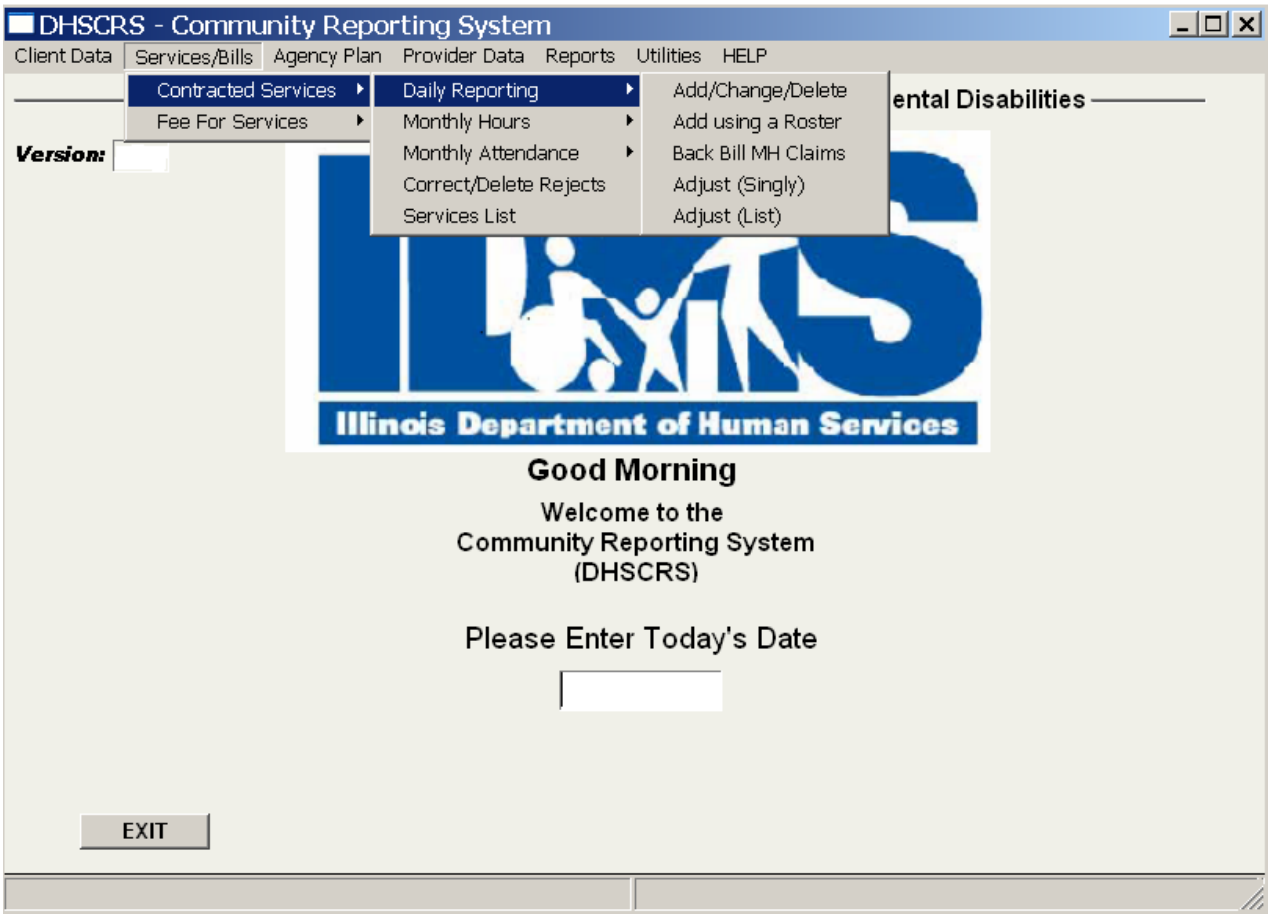
**Inquire** – Allows for inquiries to be made for selected bills.

**Adjust (List)** – Allows for adjusting accepted bills by a list.

**Correct/Delete Rejects** – Allows for correcting/deleting rejected bills.

**Bill List** – Allows for *inquiry* of bills in a list format, *adding* of new bills or *delete/void* of previously accepted bills.

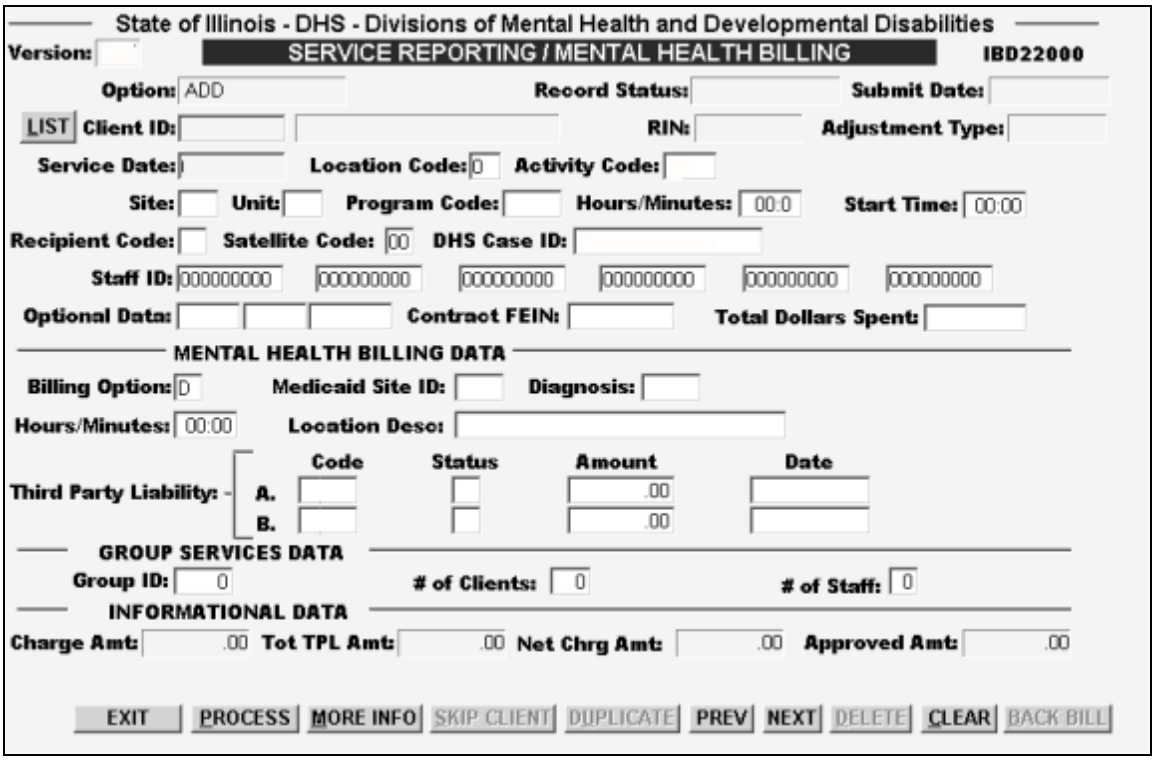
## 6.1 SERVICE REPORTING/MENTAL HEALTH BILLING




This screen displays the selection process for Daily Service Reporting/Mental Health billing. After selecting ***Service / Bills*** from the Menu bar, select ***Contracted Services*** then ***Daily Reporting*** from the drop down lists. The screens on the following pages will then be displayed.

**NOTE:** Detailed descriptions of the service reporting/Mental Health billing information fields and corresponding codes can be found in Section 6.6.

### 6.1.1 ADD / CHANGE / DELETE




The above screen appears after ***Services/Bills*** is selected from the Menu bar then ***Daily Reporting*** and ***Add/Change/Delete*** are selected from the drop down lists.

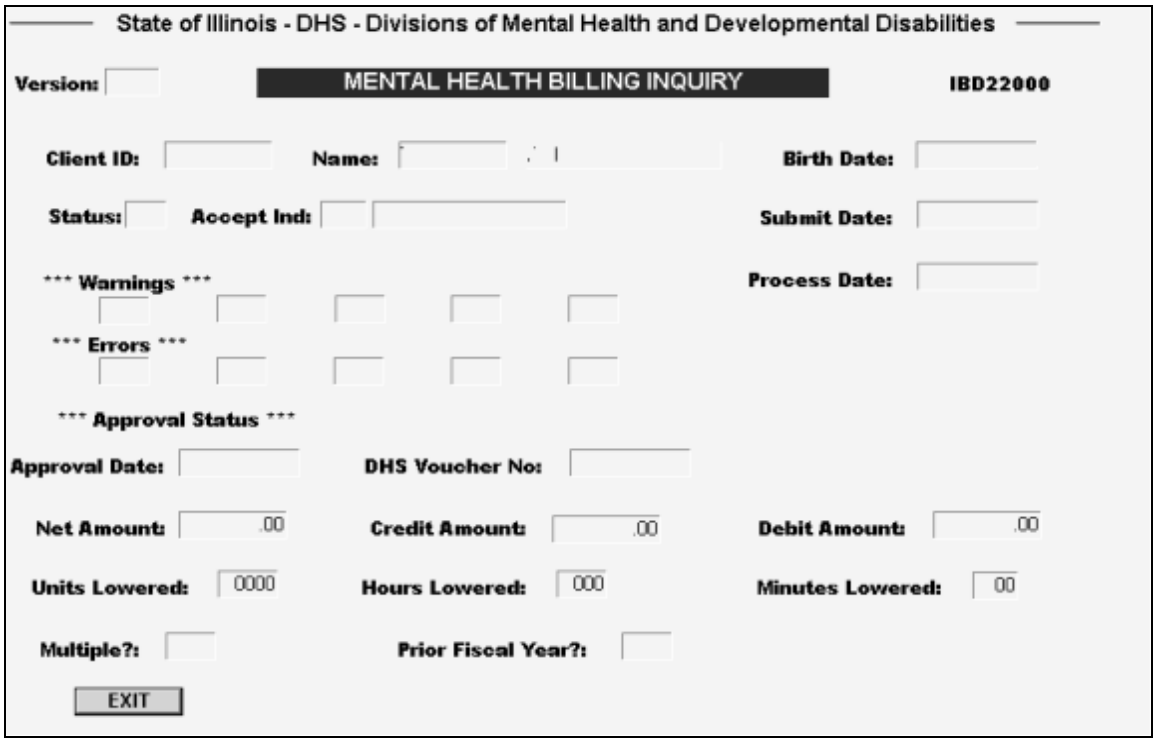
This screen is used to add, change, delete or inquire on daily service reporting and/or Mental Health billing entry. ***Start Time*** will only be displayed for Mental Health programs. Report the time at which the service started. Time must be reported using the 24 hour clock. ***Total Dollars Spent*** will be displayed for Mental Health program codes of 131, 572, 573 and 574 and designated activity codes. Enter all pertinent information and click on ***PROCESS***.

To delete a record in pending status click on ***DELETE***. The following text box will be displayed. Click ***OK*** to start the delete process or ***CANCEL*** to abort the delete process.

**6.1.1 ADD/CHANGE/DELETE -** continued

When adding or changing a record enter all pertinent information and click on ***PROCESS***. If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) and click on ***PROCESS*** again. If the entry is error free, the message 'PROCESSING COMPLETE! RECORD ADDED' will be displayed at the bottom of the screen.

When a record is displayed in inquiry mode, ***PREV*** and ***NEXT*** may be selected to view the previous or next record for an individual. When ***MORE INFO*** is selected, the screen below will appear. Detailed results information from DHS, such as warning/error codes, process date and voucher number, will be displayed.

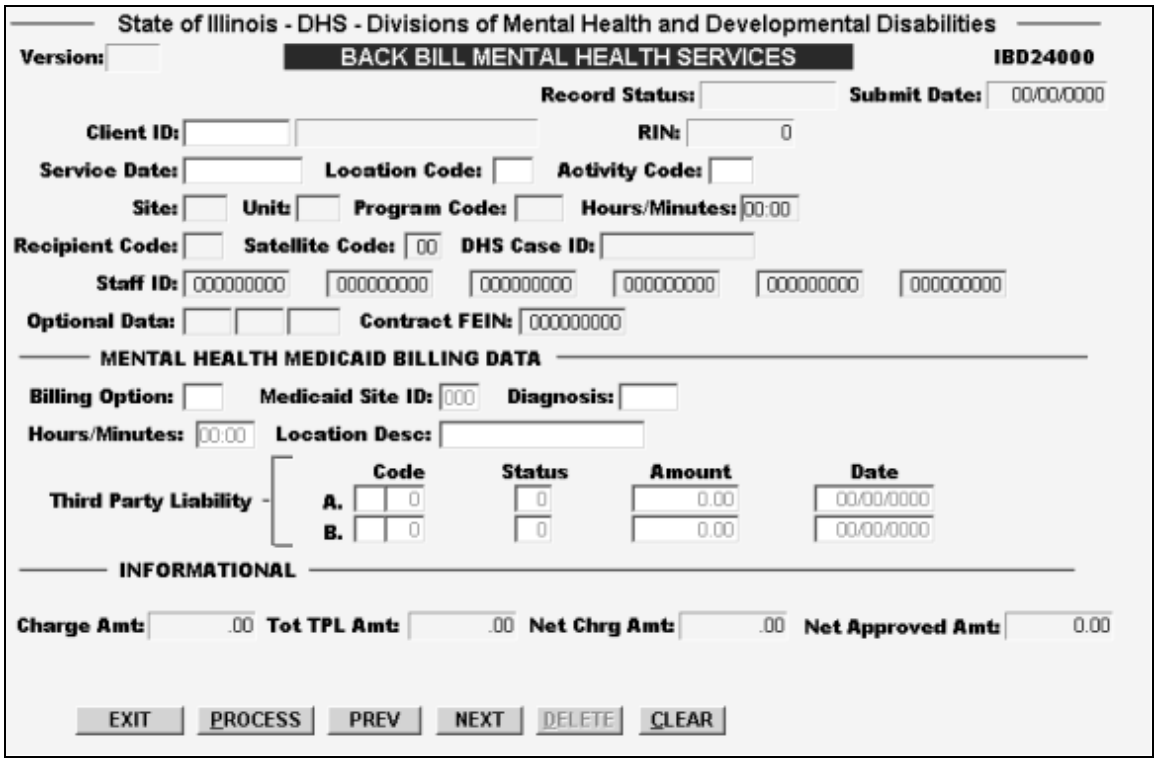


### 6.1.2 ADD USING A ROSTER

The above screen inset will be displayed when ***Services/Bills*** is selected from the Menu bar then ***Contracted Services***, ***Daily Reporting*** and ***Add using a Roster*** are selected from the drop down lists. Enter the correct Roster ID (*Roster ID's are case sensitive*) and click on ***PROCESS***. The first client ID in the selected Roster will be displayed on the entry screen. Enter all information and click on ***PROCESS*** again.

**NOTE:** Information on creating and maintaining Rosters can be found in Section 11 under ***Utilities*** and ***Roster Maintenance***.

### 6.1.3 BACK BILL MENTAL HEALTH SERVICES



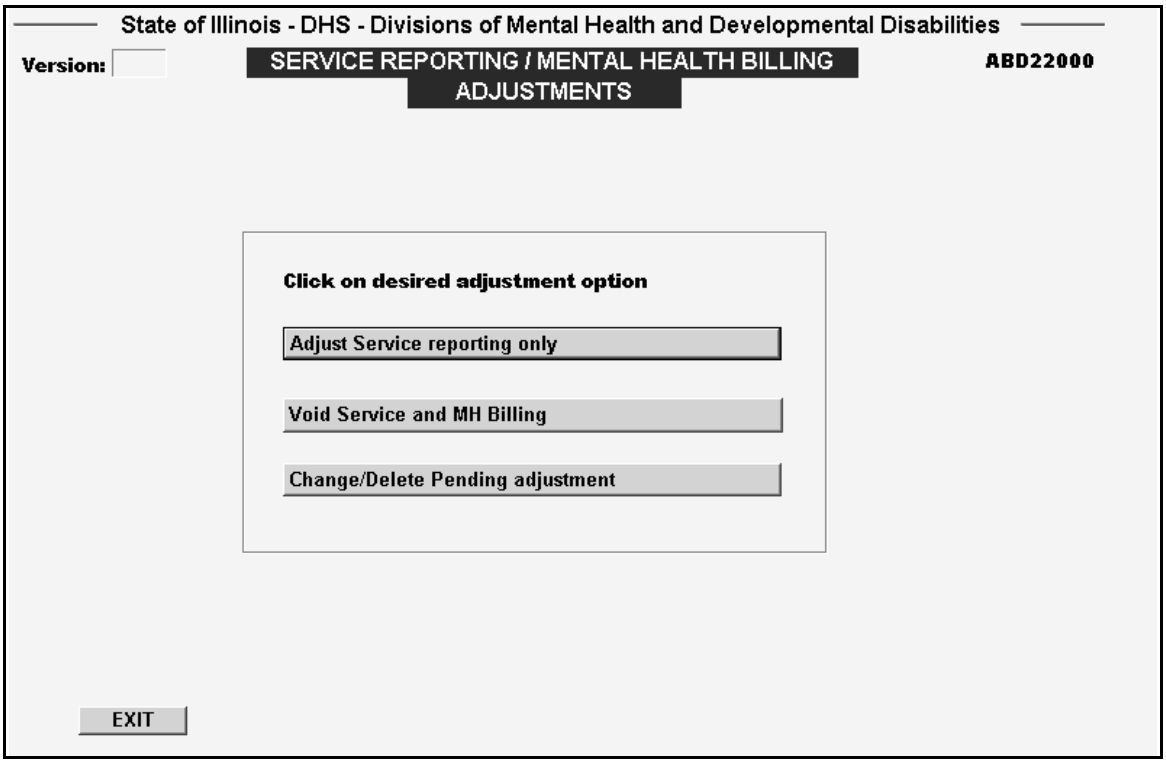

The above screen appears after ***Services/Bills*** is selected from the Menu bar then Contracted ***Services***, ***Daily Reporting*** and ***Back Bill MH Claims*** are selected from the drop down lists.

This screen is used to ''back bill'' MH claims. ''Back billing'' is used to add MH billing information to DHS accepted services which previously did not have MH billing attached.

Enter the ***Client ID, Service Date, Location Code*** and ***Activity Code.*** The previously accepted service record will be displayed. Enter the MH billing data and click on ***PROCESS***.

If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary corrections(s) then click ***PROCESS*** again. If the entry is error free, the message 'PROCESSING COMPLETE! RECORD CHANGED' will be displayed.

### 6.1.4 ADJUST (SINGLY) - ACCEPTED SERVICES




The above screen appears after ***Services/Bills*** is selected from the Menu bar then ***Contracted Services*** and ***Daily Reporting***, ***Monthly Hours*** or ***Monthly Attendance*** and ***Adjust Singly*** are selected from the drop down lists.

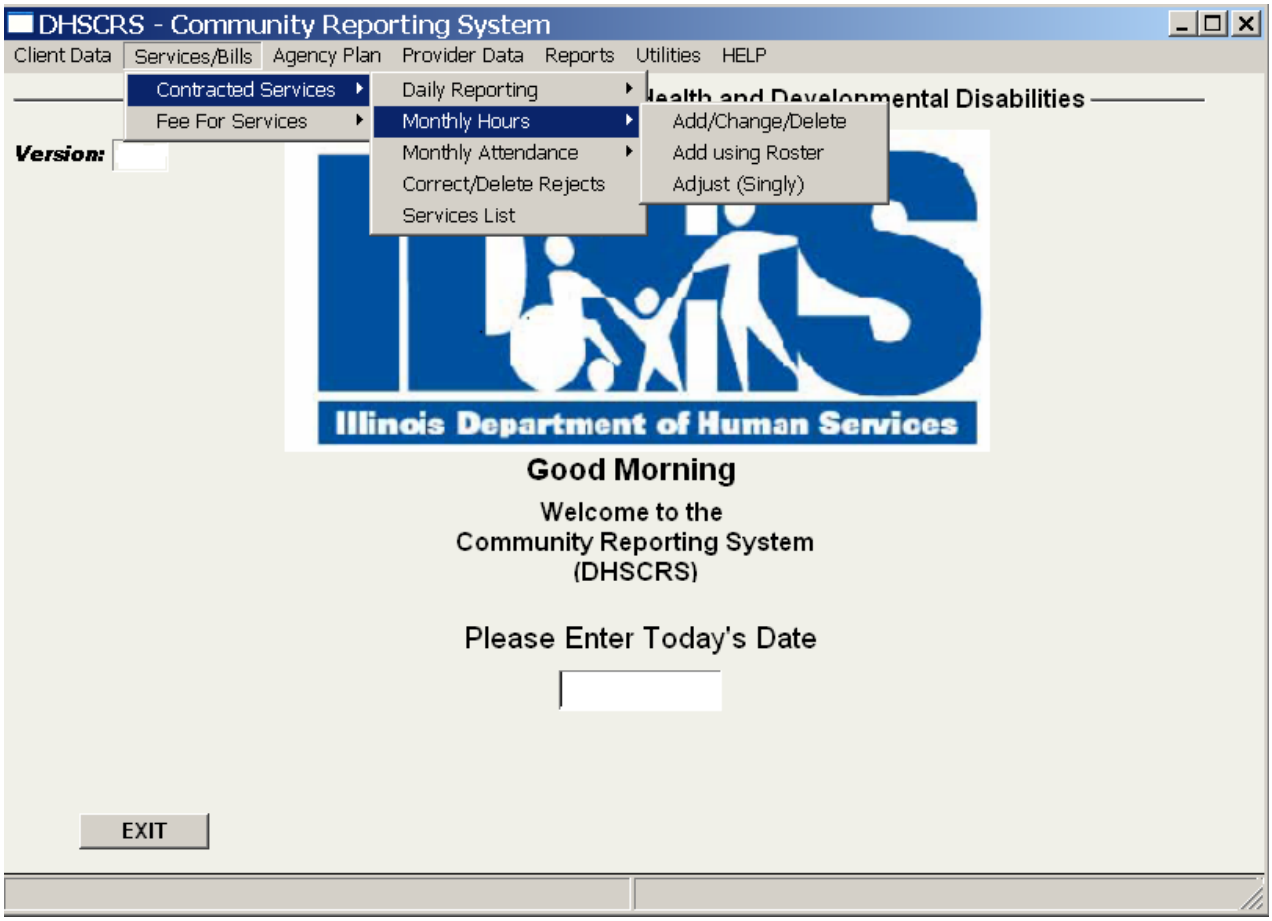
**ABOUT THE OPTIONS:**

**Adjust Service reporting only** - This option will allow changes to be made to the service reporting time, Site/Unit and Program Code, Recipient Code, DHS Case ID, Staff ID, Service Start Time and Total Dollars Spent on Client for service reporting only.

**Void Service and MH Billing -** This option will 'void' previously accepted service reporting/MH Billing.

**Change/Delete Pending Adjustment -** This option will allow changes to or deletion of pending adjustment records.

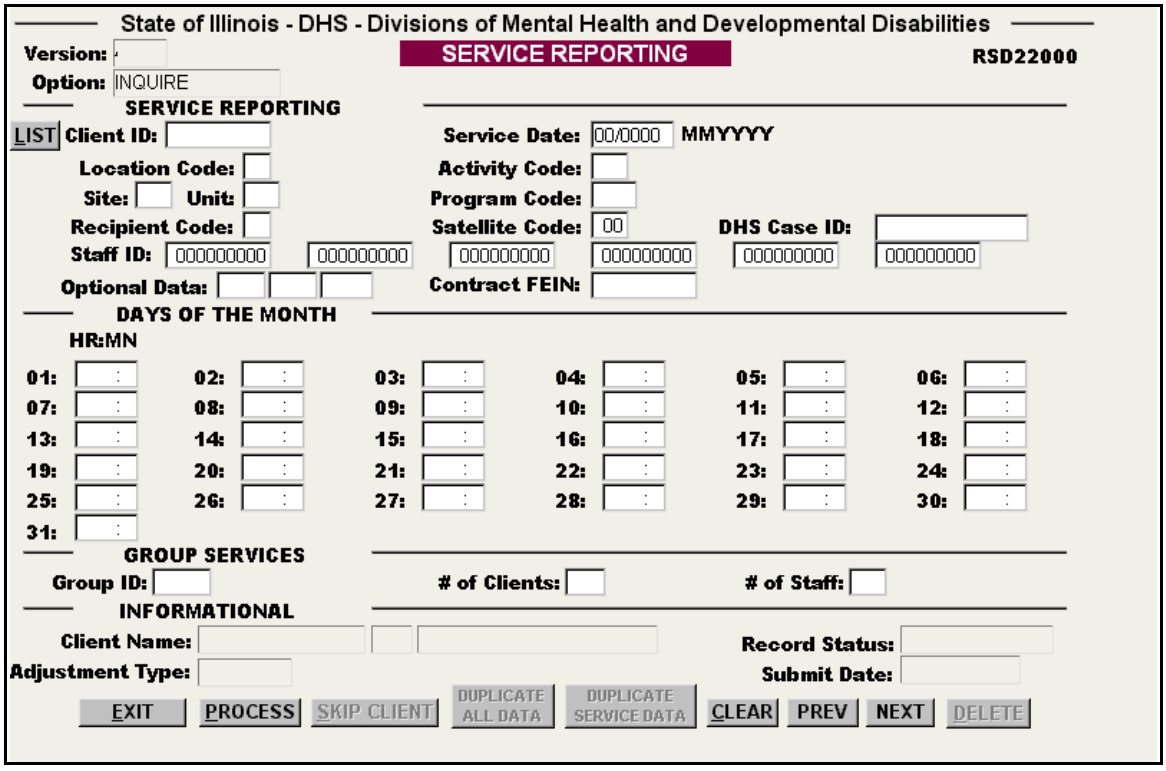
## 6.2 SERVICE REPORTING - MONTHLY DURATION




This screen displays the selection process for Monthly Hours reporting. After selecting ***Service / Bills*** from the Menu bar, select ***Contracted Services*** and ***Monthly Hours*** from the drop down lists. The screens on the following pages will then be displayed.

**NOTE:** Detailed descriptions of the monthly service reporting information fields and corresponding codes can be found in Section 6.6.

## 6.2.1 ADD / CHANGE / DELETE




The above screen appears after **Services/Bills** is selected from the menu bar then ***Contracted Services*** and ***Monthly Hours*** from the drop down lists.

This screen is used to add, change, delete or inquire on contracted services monthly entry by hours/minutes. Enter all pertinent information and click on ***PROCESS.***

If Roster Reporting is used and there are no services for the displayed Client ID, click on ***SKIP CLIENT*** to advance to the next client on the Roster.

Click on ***DUPLICATE ALL DATA*** if you wish to replicate all information fields from the previous entry. Click on ***DUPLICATE SERVICE DATA*** if you wish to replicate only the ''Service Reporting'' information fields. For both of the ''duplicate'' push buttons, enter/change any pertinent fields and click on ***PROCESS.***

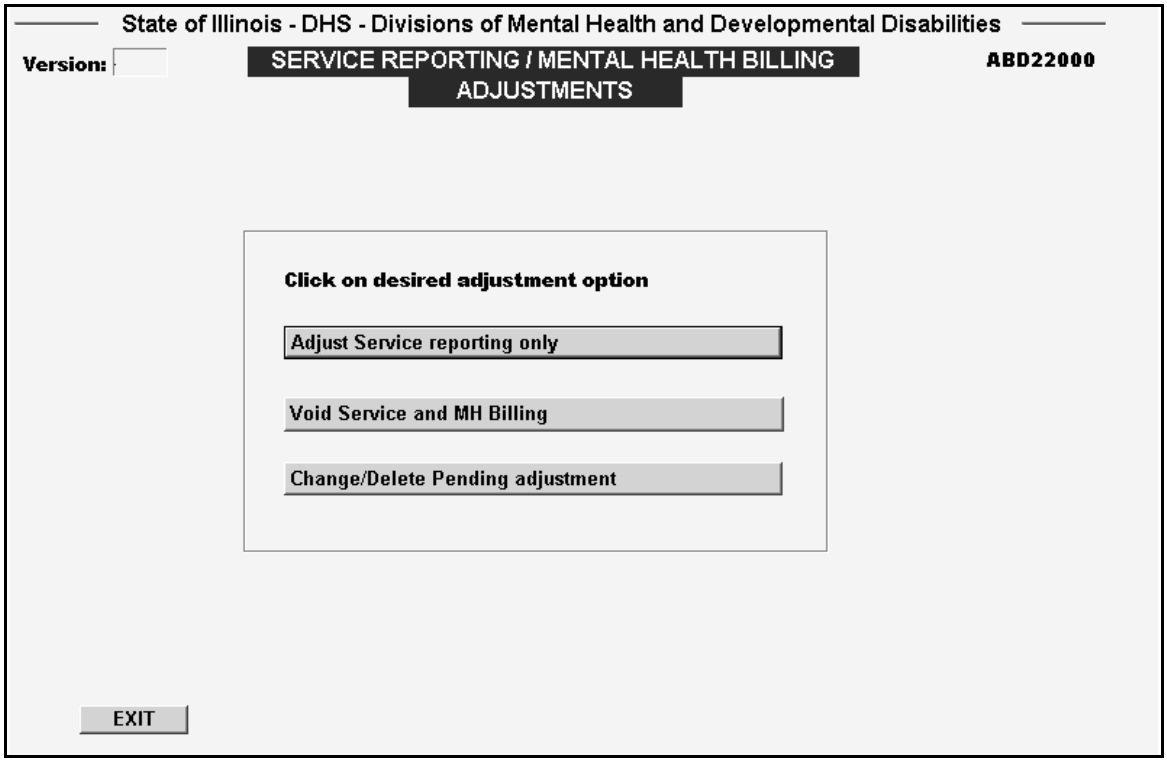
If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) and click on ***PROCESS*** again. If the entry is error free, the message 'PROCESSING COMPLETE! RECORD CHANGED' will be displayed at the bottom of the screen.

### 6.2.2 ADD USING A ROSTER

The above screen inset will be displayed when ***Services/Bills*** is selected from the menu bar then ***Contracted Services***, ***Monthly Hours*** and ***Add using a Roster*** are selected from the drop down lists. Enter the correct Roster ID (*Roster ID's are case sensitive*) and click on ***PROCESS*** . The first client ID in the selected Roster will be displayed on the entry screen. Enter all information and click on ***PROCESS*** again.

**NOTE:** Information on creating and maintaining Rosters can be found in Section 11 under ***Utilities*** and ***Roster Maintenance***.

### 6.2.3 ADJUST (SINGLY)




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Contracted Services***, ***Monthly Hours*** and ***Adjust(Singly)*** are selected from the drop down lists.

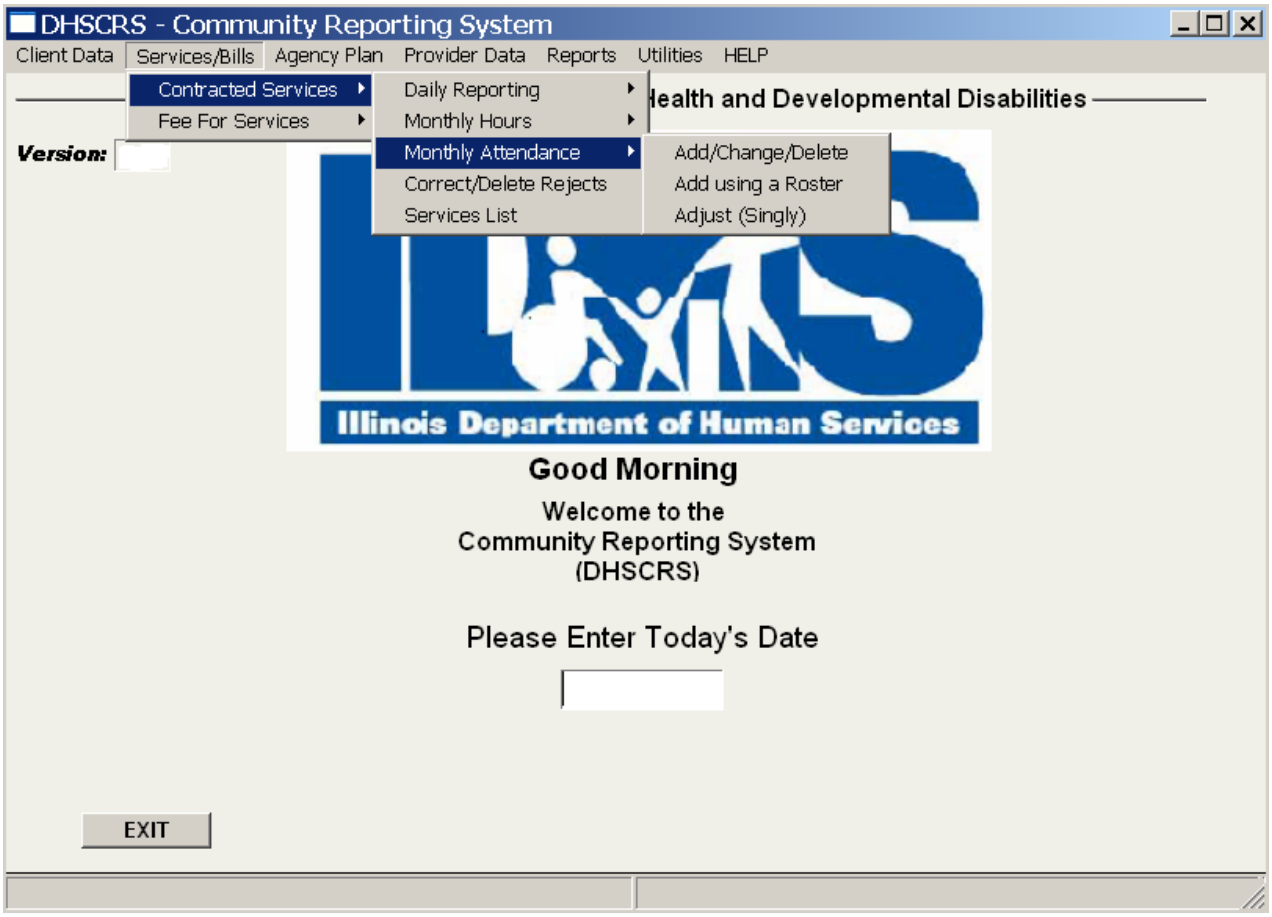
**ABOUT THE OPTIONS:**

**Adjust Service Reporting only** - This option will allow changes to be made to the service reporting time, Site/Unit and Program Code, Recipient Code, DHS Case ID, and Staff ID for service reporting only.

**Void Service and MH Billing -** This option will 'void' previously accepted service reporting.

**Change/Delete Pending Adjustment -** This option will allow changes to or deletion of pending adjustment records.

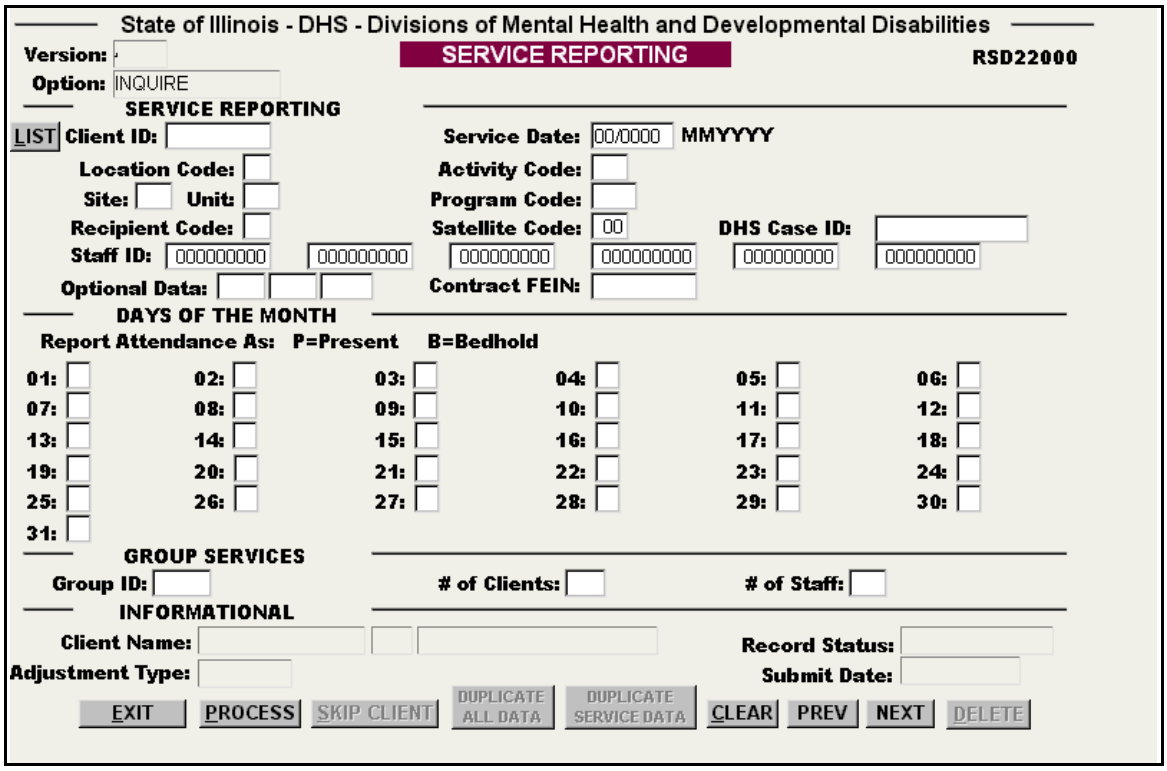
## 6.3 SERVICE REPORTING - MONTHLY ATTENDANCE




This screen displays the selection process for Monthly Attendance reporting. After selecting ***Service / Bills*** from the menu bar, select ***Contracted Services*** and ***Monthly Attendance*** from the drop down lists. The screens on the following pages will then be displayed.

**NOTE:** Detailed descriptions of the monthly service reporting information fields and corresponding codes can be found in Section 6.6.

## 6.3.1 ADD / CHANGE / DELETE




The above screen appears after **Services/Bills** is selected from the menu bar then ***Contracted Services***, ***Monthly Attendance*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen is used to add, change, delete or inquire on Contracted Services monthly entry for attendance reporting. Key all pertinent data and click on ***PROCESS.***

If Roster Reporting is used and there are no services for the displayed Client ID, click on **SKIP CLIENT** to advance to the next client on the Roster.

Click on **DUPLICATE ALL DATA** if you wish to replicate all information fields from the previous entry. Click on **DUPLICATE SERVICE DATA** if you wish to replicate only the ''Service Reporting'' information fields. For both of the ''duplicate'' push buttons, enter/change any pertinent fields and click on ***PROCESS.***

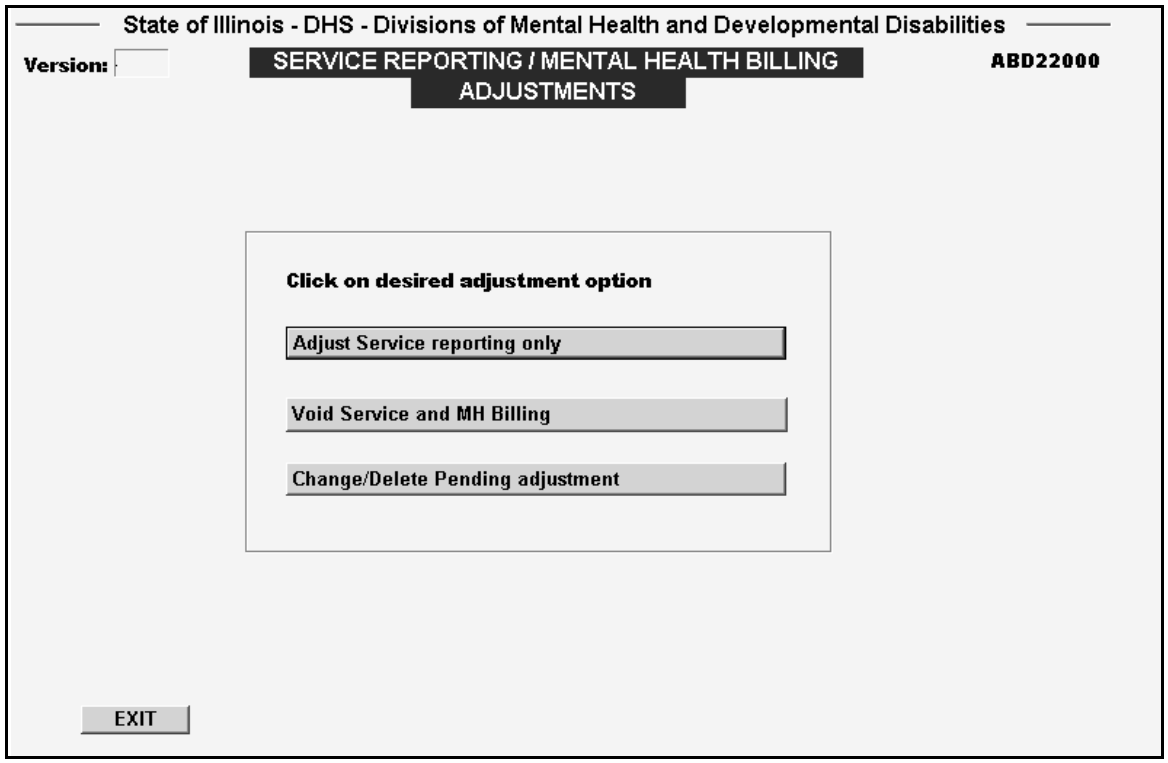
If the entry has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS.*** If the entry is error free, the message 'PROCESSING COMPLETE! RECORD ADDED' will be displayed at the bottom of the screen.

### 6.3.2 ADD USING A ROSTER

The above screen inset will be displayed when ***Services/Bills*** is selected from the menu bar then ***Contracted Services***, ***Monthly Attendance*** and ***Add using a Roster*** are selected from the drop down lists. Enter the correct Roster ID (*Roster ID's are case sensitive*) and click on ***PROCESS***. The first client ID in the selected Roster will be displayed on the entry screen. Enter all information and click on ***PROCESS*** again.

**NOTE:** Information on creating and maintaining Rosters can be found in Section 11 under ***Utilities*** and ***Roster Maintenance***.

### 6.3.3 ADJUST (SINGLY)




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Contracted Services***, ***Monthly Attendance*** and ***Adjust (Singly)*** are selected from the drop down lists.

**ABOUT THE OPTIONS:**

**Adjust Service reporting only -** This option will allow changes to be made to the service reporting time, Site/Unit and Program Code, Recipient Code, DHS Case ID, and Staff ID for service reporting only.

**Void Service and MH Billing -** This option will 'void' previously accepted service reporting.

**Change/Delete Pending Adjustment -** This option will allow changes to or deletion of pending adjustment records.

## 6.4 CORRECT/DELETE REJECTED SERVICES

Correct/Delete Rejected Services

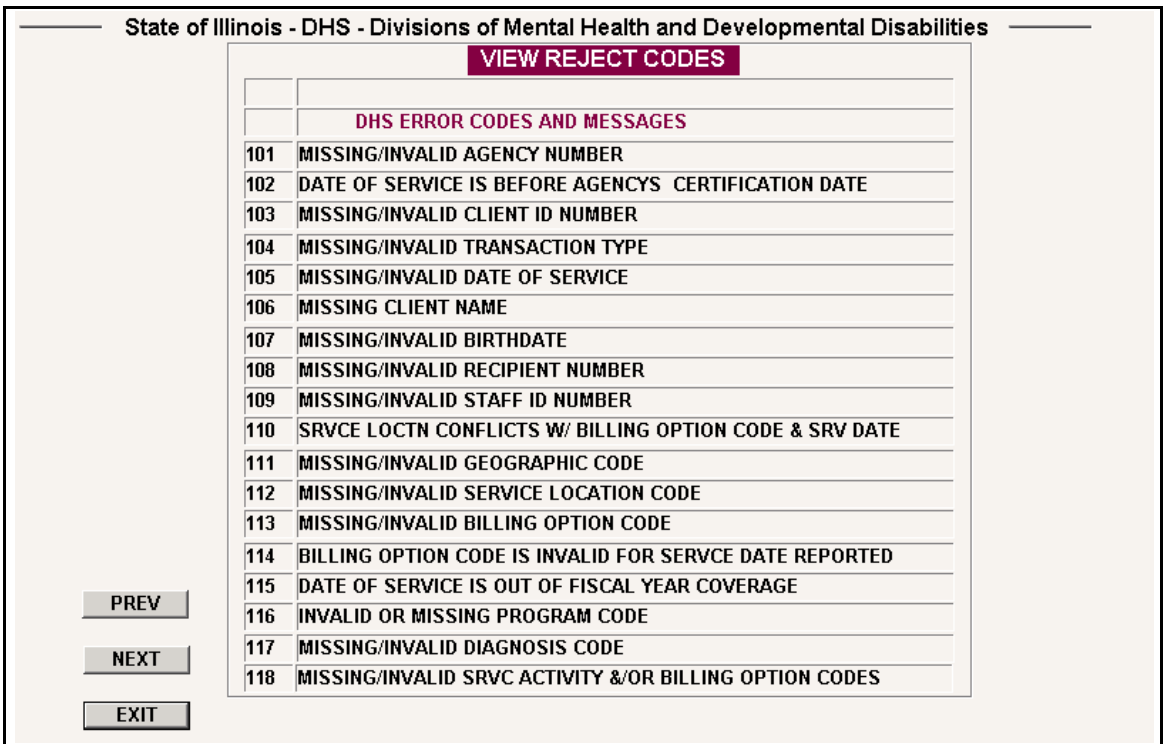
The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Contracted Services*** and ***Correct/Delete Rejects*** are selected from the drop down lists.

This screen is used to correct or delete rejected services. If a record is to be corrected, highlight the selected record and click on ***PROCESS.*** The original entry screen will be displayed. Make the necessary changes and click on ***PROCESS***. The above screen will re-appear.

If a record is to be deleted, highlight the selected record and click on the ***DELETE*** button at the bottom of the screen.

If desired, rejection codes and their descriptions may be viewed by clicking on ***REJECT CODES***.

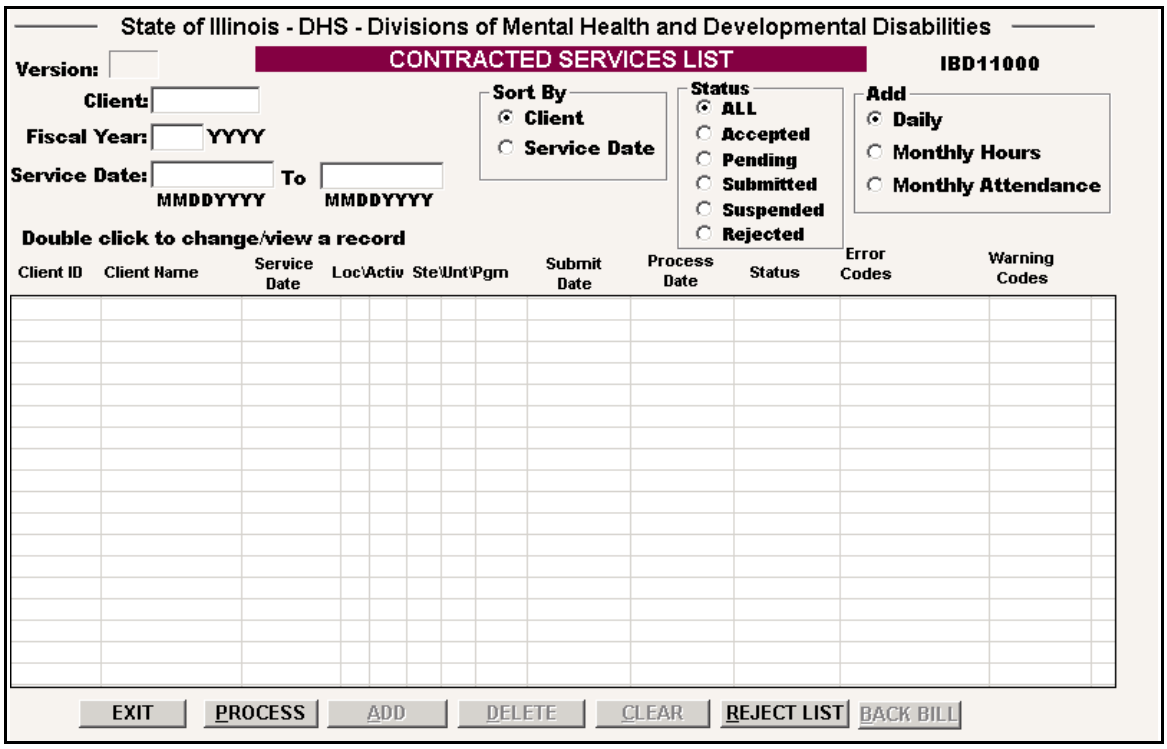
View Rejection Codes Screen




When ***REJECT CODES*** is selected on the previous screen, the listing of rejection codes is then displayed.

This screen will allow searches for a specific rejection code and its description. The next page of codes may be displayed by clicking on ***NEXT*** or display the previous page of codes by clicking on ***PREV***.

## 6.5 SERVICE REPORTING/MENTAL HEALTH BILLING LIST




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Contracted Services*** and ***Services List*** are selected from the drop down lists.

This screen can be used for multiple purposes. Records to be displayed may be selected by Client ID, Fiscal Year or Service Date range. Records are sorted by Client ID or Service Date for the particular Status being selected. After the selection for processing has been entered, click on ***PROCESS***. The records will then be displayed on the screen. Clicking on a selected service will give the option to adjust an accepted record, correct/delete a rejected record, change an un-submitted record, or inquire on a record.

If desired, rejection codes and their descriptions may be viewed by clicking on ***REJECT LIST***.

## 6.6 CONTRACTED SERVICES GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Client ID** | **Mandatory** – When **Recipient Code** is 'registered' (value 1) or 'collateral' (value 3), report the client's ID. Use the client ID number assigned to the client by the agency and reported on the client's case registration (this may be the same number as the client's SSN number). All nine positions must contain numeric data.<br>Examples:<br>000234567<br>333445555<br><br>When **Recipient Code** is 'unregistered' (value 2), report the age group of the client (**A** for adults, **C** for children and adolescents) plus an 8 digit numeric identifier.<br>Examples:<br>A00000001 - Adults (age 18+)<br>C00000001 - Children and Adolescents (ages 00-17)<br>When **Recipient Code** is 'community' (value 4) or 'agency' (value 5), leave this field blank. |
| **Service Date** | **Mandatory -** The date on which the service was performed.<br>Format: **MMDDYYYY**<br>**MM** - month<br>**DD** - day<br>**YYYY** - century and year<br>Example: 08011999 |
| **Location Code** | **Mandatory, if applicable for Mental Health programs -** Report the code for the location at which the service actually occurred. NOTE: Not used for DD programs. For DD service reporting, leave this field blank.<br>**0** - Own Agency<br>**1** - Social Service Agency<br>**2** - Long Term Care Facility<br>**3** - Client's Residence<br>**4** - Public Place<br>**5** - Law Enforcement/Jail/Court<br>**6** - School/Workplace<br>**7** - General Hospital/Detox/Emergency Room<br>**8** - State Operated Facility<br>**9** - Other |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Activity Code** | **Mandatory, if applicable -** Indicates the specific service provided in the program. If the program provides more than one specific service, each must be reported separately.<br><br>**Mental Health**<br>For Mental Health programs, activity code **must** be reported. (See Appendix B for detailed listing and descriptions.)<br>MH Activity Code Categories:<br>• Service Needs Evaluation<br>• Crisis Intervention<br>• Psychiatric Treatment<br>• Adaptive/Social/Developmental Rehabilitation<br>• Self-Help and Individual Care Grant Process<br>• Case Management<br>• Client-Centered Consultation or Community Education<br>• Administration/Support<br>• Day Treatment Programs<br>• Assertive Community Treatment (ACT)<br>**Developmental Disability**<br>For Developmental Disability programs, the DD CILA program (program code 600) is the only program for which an activity code must be reported. Report the following activity code:<br>**88** - Residential Habilitation<br>**NOTE: Not used for DD programs. For DD service reporting, leave this field blank (value spaces).** |
| **Site** | **Mandatory, if applicable** - The site number assigned by DHS that represents the unique or specific geographical site as the base for service delivery. Refer to your current DHS contract or Agency Plan 2.0/2.1.<br>**NOTE: Not used for DD programs. For DD service reporting, leave this field blank.** |
| **Unit** | **Mandatory, if applicable -** A unique number assigned to a component of the provider's service delivery organization to reflect a distinction of the component, such as location, client population to be served, staff or staff team providing the services, or source of funding for the service. Refer to your current DHS contract or Agency Plan 2.0/2.1.<br>**If unit code is not applicable, leave this field blank.** |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Program Code** | **Mandatory -** The program number assigned by DHS that represents the program through which services were provided. Refer to your current DHS contract or Agency Plan 2.0/2.1. |
| **Hours/Minutes** | **Mandatory -** The duration of the service.<br>Valid range for hours: 00-24<br>Valid range for minutes: 00-59 |
| **Start Time** | **Optional, for Mental Health programs -** The time at which the service began. If used, time must be reported using the 24 hour clock. Report the time at which the service actually started. If not used, leave blank.<br>**NOTE: Not used for DD Programs and will not appear on the screen.** |
| **Recipient Code** | **Mandatory -** Report the code that identifies the type of client served.<br><br>**1** - Registered<br>**2** - Unregistered<br>**3** - Collateral<br>**4** - Community<br>**5** - Own Agency |
| **Satellite Code** | **Mandatory** - An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it.<br>This code is assigned by DHS.<br>**If no satellite code is assigned, report zeros in this field.** |
| **DHS Case ID** | **Mandatory -** The DHS Case ID will be displayed from the client's registration. This is the public aid eligibility Case ID number for the client. The Case ID can be changed on this screen.<br>If the client does not have a public aid eligibility Case ID or if the Case ID is not known report:<br>All **0**'s - Not Applicable<br>All **9**'s - Unknown |
| **Staff ID** | **Mandatory -** for MH programs only. Optional for all DD programs. The ID number of the professional staff member responsible for providing the services to this client. The staff ID number must be numeric. Can report up to six different staff ID numbers. |

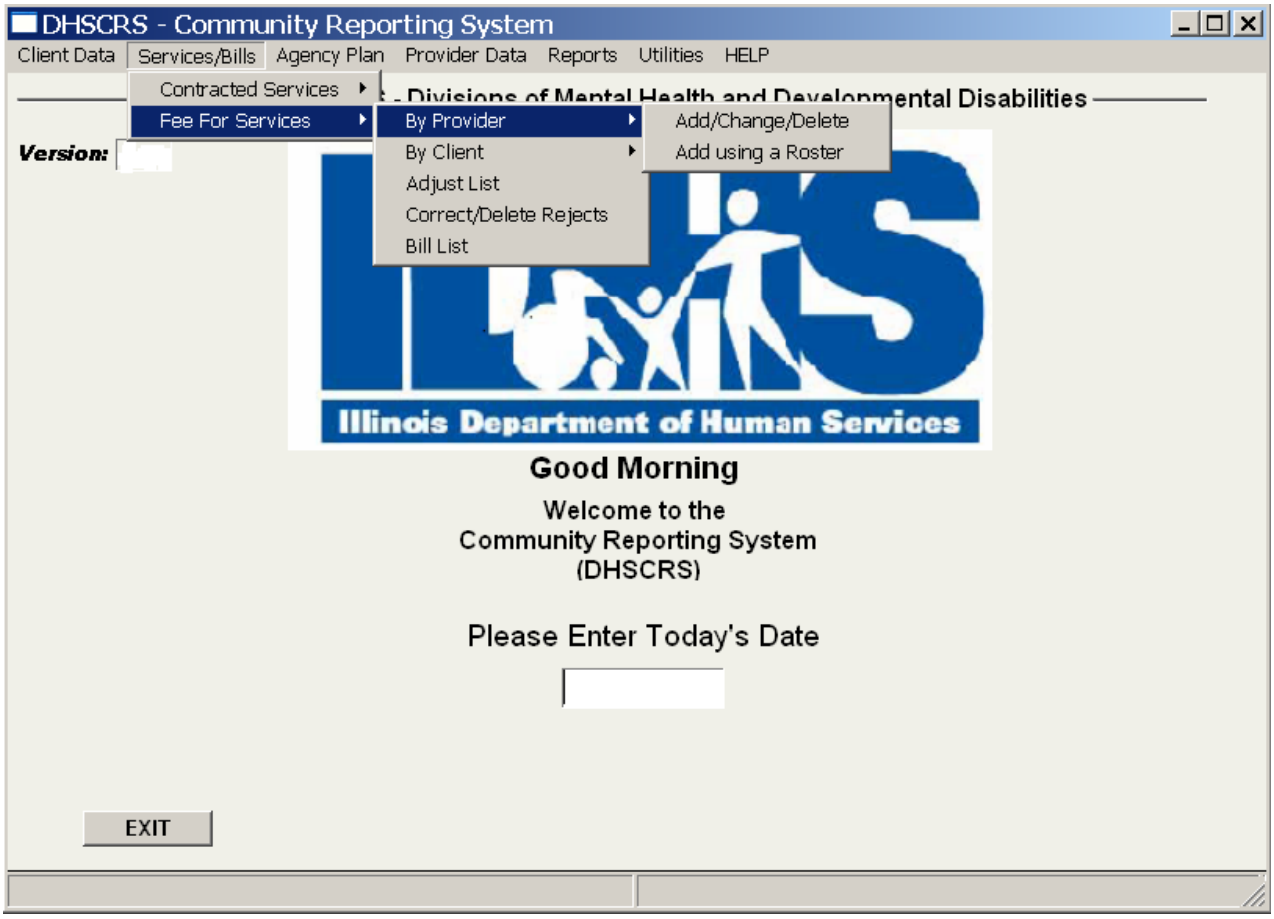
| FIELD NAME | DESCRIPTION |
|---|---|
| **Optional Data** | **Optional -** This area may be used by the agency for any miscellaneous data they may desire to retain on this record. |
| **Contract FEIN** | **Optional -** This field is to be used for special processing purposes only. The FEIN number of the agency who is actually being funded by DHS should be reported here (it must be a different FEIN than the FEIN number which is displayed in the registration information.<br><br>**NOTE:** If not used this field must be blank. |
| **Total Dollars Spent** | **Optional -** This field is for MH program codes 131, 572, 573, 574 and specific designated activity codes only. This field indicates the dollars expended on behalf of a specific client for the service and can be reported with or without associated client service hours. |
| ***MH BILLING DATA*** | ****** Individual Entry Screen ****** |
| **Billing Option** | **Mandatory -** Report the appropriate code:<br><br>**D** - Service Reporting Only<br>**C** - MH Medicaid Clinic option (Not valid after 7/01/2004)<br>**N** - MH Billable, Non-Medicaid (See Appendix B for MH Billable and Non-Medicaid Activity Codes/Billing Option)<br>**R** - MH Medicaid Rehab option<br>**T** - MH Medicaid Targeted Case Management option |
| **Medicaid Site ID** | **Mandatory, if applicable for MH billing -** Report the three digit Department of Public Aid (DPA) site location number of the site the service was provided. **NOTE:** The Medicaid Site ID is assigned by DPA when the agency is enrolled for MH Medicaid and is the three digits which are appended to the agency's nine digit Federal Employer Identification Number (FEIN). |
| **Diagnosis** | **Mandatory, if applicable for MH billing -** Report the ICD-9-CM or DSM-IV diagnostic code which describes the condition primarily responsible for the client's treatment. (See Appendix C for valid codes to be used for MH Medicaid billing.) |

| FIELD NAME | DESCRIPTION |
|---|---|
| **MH Billable Hours/Minutes** | **Mandatory, if applicable for MH billing -** The duration of the service that is billable to MH.<br>Hours - Value range **00-24**<br>Minutes - Value range **00-59**<br>**NOTE:** If no MH Billable Hours of Service were reported, the minimum value for this field is eight minutes of services.<br>**Exception:** For activity codes 2D & 25, this field represents the number of events for service dates after 07/31/04 (valid range 01-03). |
| **Location Desc** | **Mandatory, if applicable for MH Medicaid billing -** When the service is provided off-site and a Location Code of 9 (other) is reported, a description of where the service was provided must be reported. |
| **Third Party Liability:** | **Mandatory, if applicable for MH billing -** These fields are used for MH billing only; if not applicable, these fields must be blank.<br>(See Appendix H) |
| **Code** | Report the TPL Code contained on the client's Medical Eligibility Card (MEC). |
| **Status** | Report the appropriate code indicating the disposition of the third party billing. |
| **Amount** | Report the amount of payment received from the third party resource. A dollar amount is required when TPL Status Code 01 is reported. |
| **Date** | A TPL Date is required for all TPL status codes. |
| ***MONTHLY ENTRY SCREEN*** | ********** |
| **DAYS OF THE MONTH** | **Mandatory -** |
| **Hours and Minutes** | To report **hours** and **minutes**, report the duration of hours (valid range; **00-24**), and the duration of minutes (valid range: **00-59**). |
| **Attendance** | To report **attendance**, report one of the following codes of the corresponding day of the month.<br>**P -** Present<br>**A -** Absent<br>**B -** Bed-hold |

| FIELD NAME | DESCRIPTION |
|---|---|
| ***GROUP SERVICES DATA*** | ****** Individual and Monthly Screens ****** |
| **Group ID** | **Optional** - (for agency use only) If the service was performed in a group setting, report the Group ID.<br>**If not a group service, leave this field blank.** |
| **# of Clients** | **Mandatory, if applicable -** If the service was performed in a group setting, report the total number of clients involved in the group service.<br>**If not a group service, this field must be blank.** |
| **# of Staff** | **Mandatory, if applicable -** If the service was performed in a group setting, report the total number of staff involved in the group service.<br>**If not a group service, this field must be blank.** |
| ***INFORMATIONAL DATA*** | ********************************************** |
| **Charge Amt** | **Charge Amt** is the total charge for the service, not deducting the TPL amount if there is one. This field is displayed for MH billing only. |
| **Record Status** | **Display only. Record Status** - Indicates the status of the record.<br>**Pending -** The record has not been submitted to DHS.<br>**Submitted** - The record has been submitted to DHS and is waiting results.<br>**Accepted** - The record has been approved.<br>**Rej by DPA -** (MH billing only) The record has been rejected by DPA with an error.<br>**Rej by DHS** - The record has been rejected by DHS with an error.<br>**Aprvd NV -** (MH billing only) The record has been approved but not vouchered. |
| **Tot TPL Amt** | **Tot TPL Amt** is the sum of the TPL amounts reported. This field is displayed for MH billing only. |
| **Submit Date** | **Submit Date -** The date on which the record was submitted to DHS for processing. |
| **RIN** | The **Recipient ID (RIN)** as it appears on the client registration information. |
| **Approved Amt** | **Approved Amt** is the total amount approved on the original service. This field is displayed for MH billing adjustments only. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Adjust Type** | **Adjust Type** is the type of adjustment being processed. This field is displayed for adjustments only. |
| **Net Charge Amt** | **Net Charge Amt** is the difference between the Charge Amount minus the Total TPL Amount. This field is displayed for MH billing only. |

## 6.7 FEE FOR SERVICES BILLING

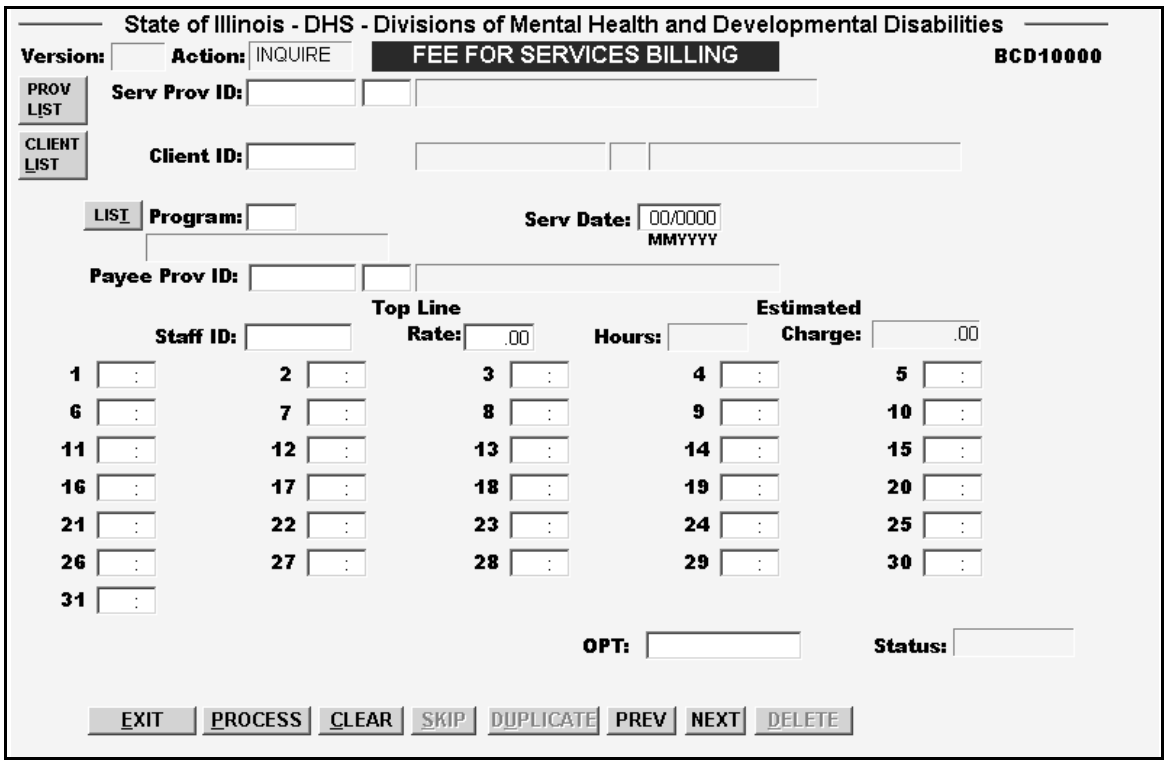



This screen displays the selection process to add, change, delete or add using a roster on a Fee For Services bill. After selecting ***Service / Bills*** from the Main Menu, select ***Fee For Services*** and the desired option from the drop down list. The screens on the following pages will then be displayed.

**NOTE:** Detailed descriptions of the Fee For Service information fields and corresponding codes can be found in Section 6.11.

## 6.7.1 BILLING BY PROVIDER - HOURLY REPORTING

**Billing By Provider Screen: Hourly Reporting**




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services***, ***By Provider*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen may be used for billing services for individuals served by a single provider. On the screen, the field ***Hours*** will change to ***Events*** depending on the program code entered (***I/G*** - for Bogard programs only), (***RATE LVL*** - for program 87D 'In-Home Respite DD'), or (***RES LOC*** - for program 89D 'Residential Respite DD'). If applicable, report the amount due for ***Mileage*** and ***Overnite*** for programs 87D and 87M (In-Home Respite). Bills for services are to be entered only after the services have been delivered. The system will not allow entry of pre-dated billings.

**Billing by Provider Screen: Hourly Reporting**

The prerequisites required before a bill can be reported for services received by an individual: For ALL programs: (1) the individual must exist in the client case file and (2) the provider information screen(s) must be completed for each provider serving the individual. For residential programs, the Client Financial Information must be completed. For Bogard Specialized Services programs, the individual must also be entered into the OBRA PC Reporting System.

This screen is for programs which are billed on an hourly basis. The next two screens show what the same screen will look like for programs billed on an event basis or a per diem basis. The screen's appearance will change between hourly, event, and per diem depending on the Program Code entered.

Before entering billing information, the operator must enter the information required in the ***Service Prov ID*** field, the ***Program*** field, and the ***Service Date*** field, the ***Payee Prov ID*** field (only required for specific therapy codes), and ***I/G*** 'individual or group', ***RATE LVL*** 'rate level', or ***RES LOC*** 'resident location', or ***ENTRY NBR*** 'entry number' if applicable. If the roster option is desired, the field for ***Roster*** must also be filled in. When ***Program*** entered is program code 31S,31U, 36G, 36U, 38U, 39G, or 39U the ***Unit*** field will appear on the screen to allow for entry. The ***Unit*** field is optional and should be entered to ensure that the billing hours you are reporting are added to the correct corresponding grant funded unit/program code for the Service Variance Report calculations.

To enter billing information, tab to the day of service and enter total hours and minutes for that day. Following the days on the screen is the ***OPT*** field where to 10 characters of optional data may be entered. For programs 87D and 87M (In-Home Respite) enter the ***Mileage*** and ***Overnite*** monthly amounts (both the dollars and cents) for the reported period. Then click on ***PROCESS***.

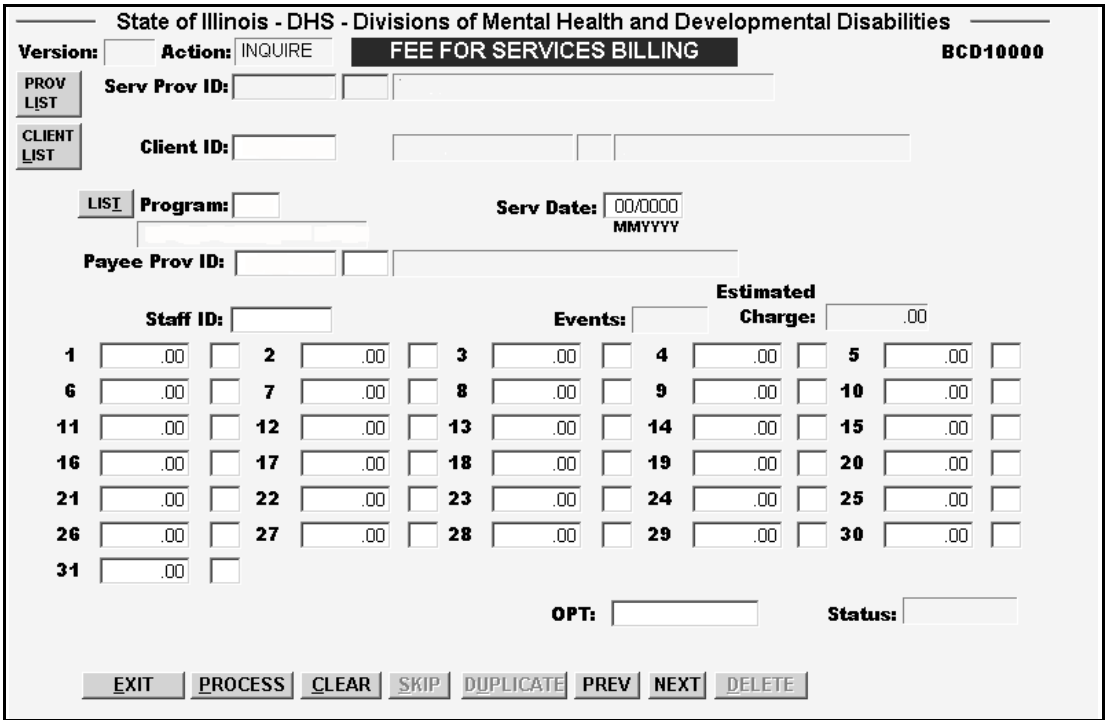
If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

If Roster Reporting is used and there are no services for the displayed Individual ID, click on ***SKIP INDV*** to advance to the next individual on the Roster.

If ***Duplicate Billing Information*** is selected, billing data from previous entry will be displayed for the subsequent entry. Enter/change any pertinent fields and click ***PROCESS.***

## 6.7.2 BILLING BY PROVIDER - EVENT REPORTING

**Billing by Provider Screen: Event Reporting**



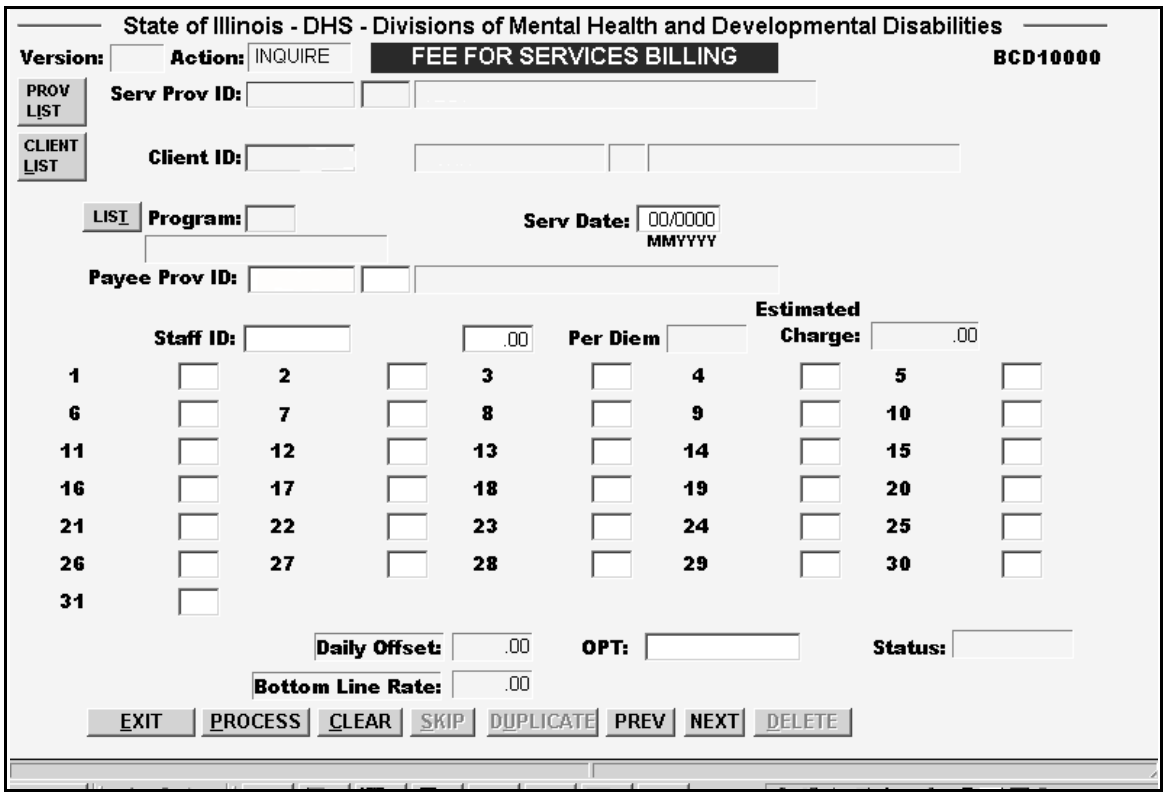

The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Provider*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen is for programs which are billed on an event basis. The screen's appearance will change between hourly, event, and per diem depending on the Program Code entered. Refer to instructions for the hourly and per diem reporting screens also.

To enter billing information, tab to the day of service, enter the total dollar amount in the first field and enter the number of events for that day in the second field.

## 6.7.3 BILLING BY PROVIDER - PER DIEM REPORTING

Billing by Provider Screen: Per Diem Reporting



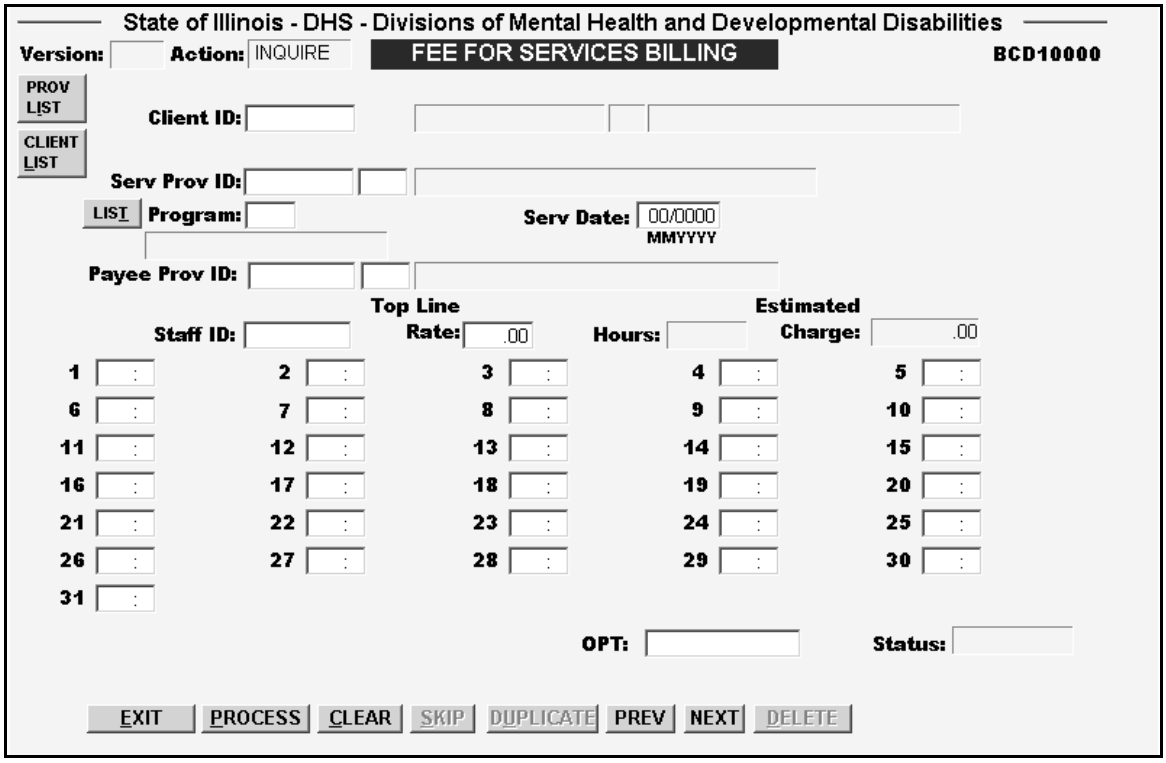

The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Provider*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen is for programs which are billed on a per diem basis. The screen's appearance will change between hourly, event, and per diem, depending on the Program Code entered. Refer to instructions for the hourly, and event reporting screens also.

To enter billing information, tab to the day of service, enter **A** for absent or **P** for present; or one of the following codes for bedhold: **F** for family/home visit; **C** for convalescent care; **H** for hospitalization; **I** for incarceration; **S** for SODC short term admission.

## 6.7.4 BILLING BY CLIENT - HOURLY REPORTING

**Billing by Client Screen: Hourly Reporting**




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Client*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen may be used for billing services from all the providers who have served a particular identified individual. Bills for services are to be entered only after the services have been delivered. The system will not allow entry of pre-dated billings.

**Billing by Client Screen: Hourly Reporting**

The prerequisites required before a bill can be reported for services received by an individual: For ALL programs: (1) the individual must exist in the client case file and (2) the provider information screen(s) must be completed for each provider serving the individual. For residential programs, the Client Financial Information must be completed. For Bogard Specialized Services programs, the individual must also be entered into the OBRA PC Reporting System.

This screen is for programs which are billed on an hourly basis. The next two screens show what the same screen will look like for programs billed on an event basis or a per diem basis. The screen's appearance will change between hourly, event, and per diem depending on the Program Code entered.

Before entering billing information, the operator must enter the **Client ID** field, **Service Date** in MMYYYY format, **Program** (program code and suffix such as 75Y), **Service Provider ID**, and **I/G** 'individual or group', **RATE LVL** 'rate level', or **RES LOC** 'resident location' if applicable. If the roster option is desired, the field for **Roster** must also be filled in. If the **Roster** option was selected from the menu, the first **Service Provider ID** on that roster appears on the screen and is filled into the **Payee Provider ID** also; however, if one of the special case therapy codes is used the payee provider ID will have to be keyed in. When **Program** entered is program code 31S, 31U, 36G, 36U, 38U, 39G or 39U, the **Unit** field will appear on the screen to allow for entry. The **Unit** field should be entered to ensure that the billing hours being reported are added to the correct corresponding grant funded unit/program code for the Service Variance Report calculations. Enter required information and click on ***PROCESS***.

The remaining lines of the screen will be available for billing entry. To enter billing information, tab to the day of service and enter total hours and minutes for that day. Following the days on the screen is the **OPT** field where up to 10 characters of optional data may be entered. Then click on ***PROCESS***.

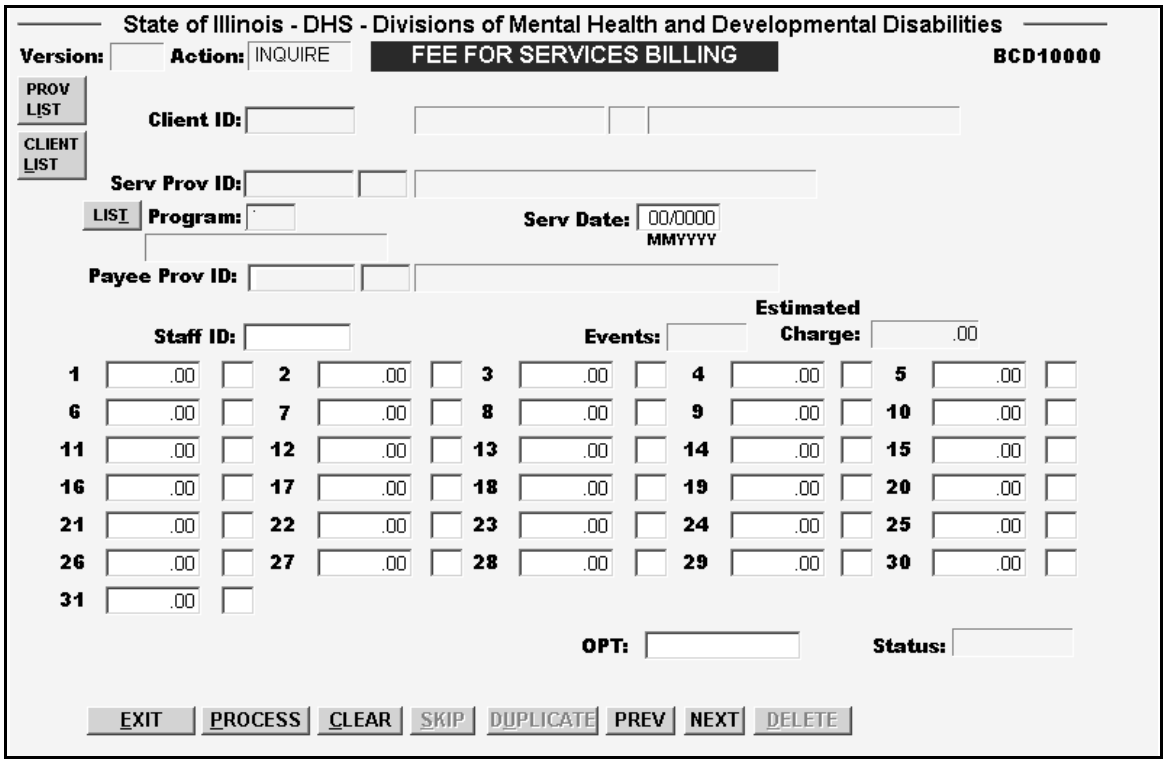
If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click on ***PROCESS*** again.

If Roster Reporting is used and ***NEXT*** is pressed, the Provider ID will advance to the next provider on the Roster.

If ***Duplicate Billing Information*** is pressed, billing data from the previous entry will be displayed for the subsequent entry. Enter/change any pertinent fields and click ***PROCESS.***

## 6.7.5 BILLING BY CLIENT - EVENT REPORTING

**Billing by Client Screen: Event Reporting**



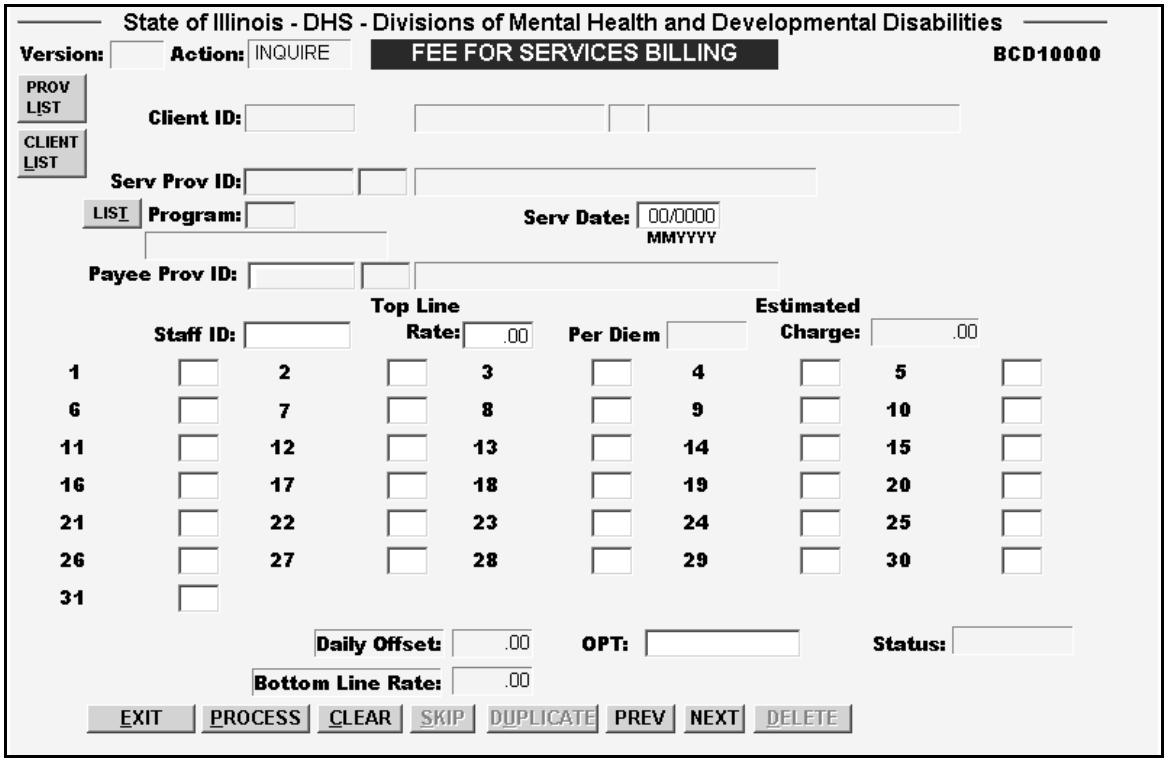

The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Client*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen is for programs which are billed on an event basis. The screen's appearance will change between hourly, event, and per diem depending on the Program Code entered. Refer to instructions for the hourly and per diem reporting screens also.

To enter billing information, tab to the day of service, enter the total dollar amount in the first field and enter the number of events for that day in the second field.

## 6.7.6 BILLING BY CLIENT - PER DIEM REPORTING

**Billing by Client Screen: Per Diem Reporting**

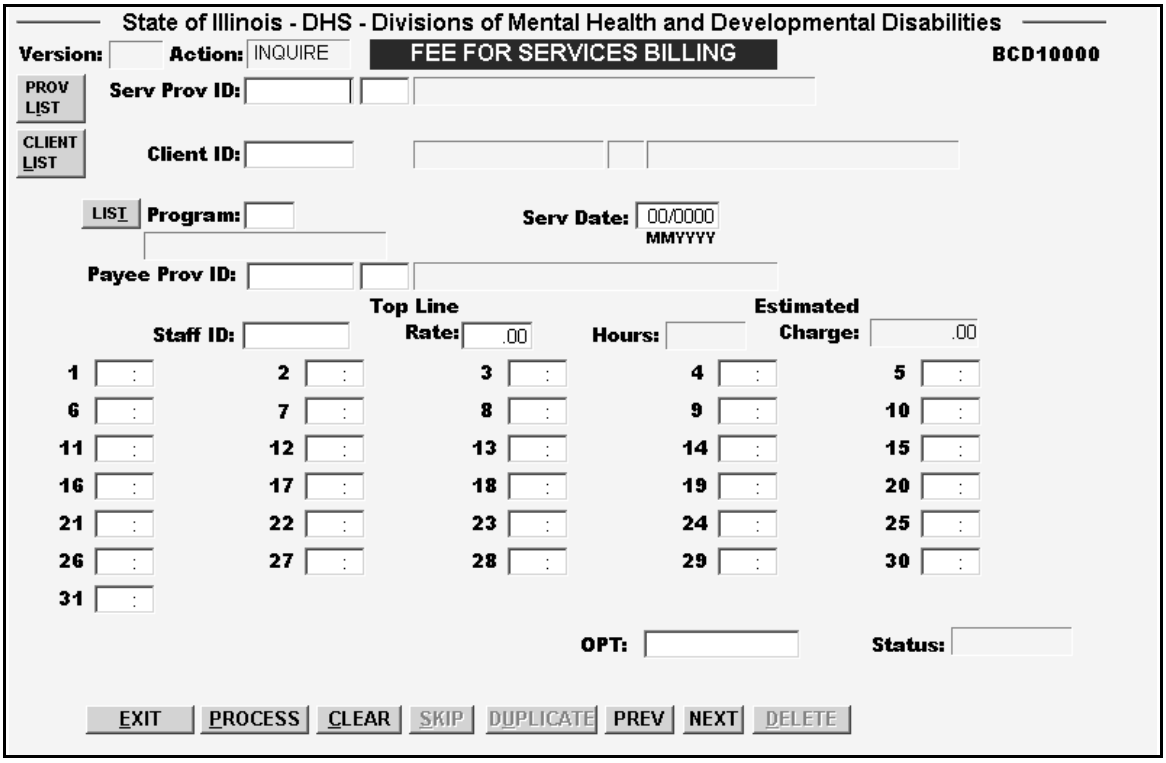



The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Client*** and ***Add/Change/Delete*** are selected from the drop down lists.

This screen is for programs which are billed on a per diem basis. The screen's appearance will change between hourly, event, and per diem depending on the Program Code entered. Refer to instructions for the hourly and event reporting screens also.

To enter billing information, tab to the day of service, enter **A** for absent or **P** for present; or one of the following codes for bedhold: **F** for family/home visit; **C** for convalescent care; **H** for hospitalization; **I** for incarceration; **S** for SODC short term admission.

**Add/Change/Delete**




After selecting ***Services/Bills*** from the menu bar and ***Fee For Services, By Provider*** or ***By Client*** and ***Add/Change/Delete*** are selected from the drop down lists, un-submitted billing information may be changed or deleted.

The screen's appearances will change between hourly, event, and per diem depending on the Program Code entered.

When changing un-submitted billing information, the operator must enter the information required in the ***Service Prov ID***, ***Client ID***, ***Program***, and ***Service Date*** fields. After that, the record is retrieved and available for changes. You may change any information on the screen and then click ***PROCESS***.

When deleting billing information, the operator must enter the information required in the ***Service Prov ID*** field, the ***Client ID*** field, the ***Program*** field, the ***I/G*** 'individual or group' field, ***RATE LVL*** 'rate level', or ***RES LOC*** 'resident location' (if applicable), and the ***Service Date*** field. After that, the record is retrieved and a warning message will be displayed before the delete is processed; click ***OK*** to confirm the delete. The billing record will be physically deleted from your hard drive. If the transaction is error free, the message PREVIOUS ACTION COMPLETED SUCCESSFULLY will appear. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction(s) then click ***PROCESS***.

### 6.7.8 BILLING USING A ROSTER

**Add Using a Roster**

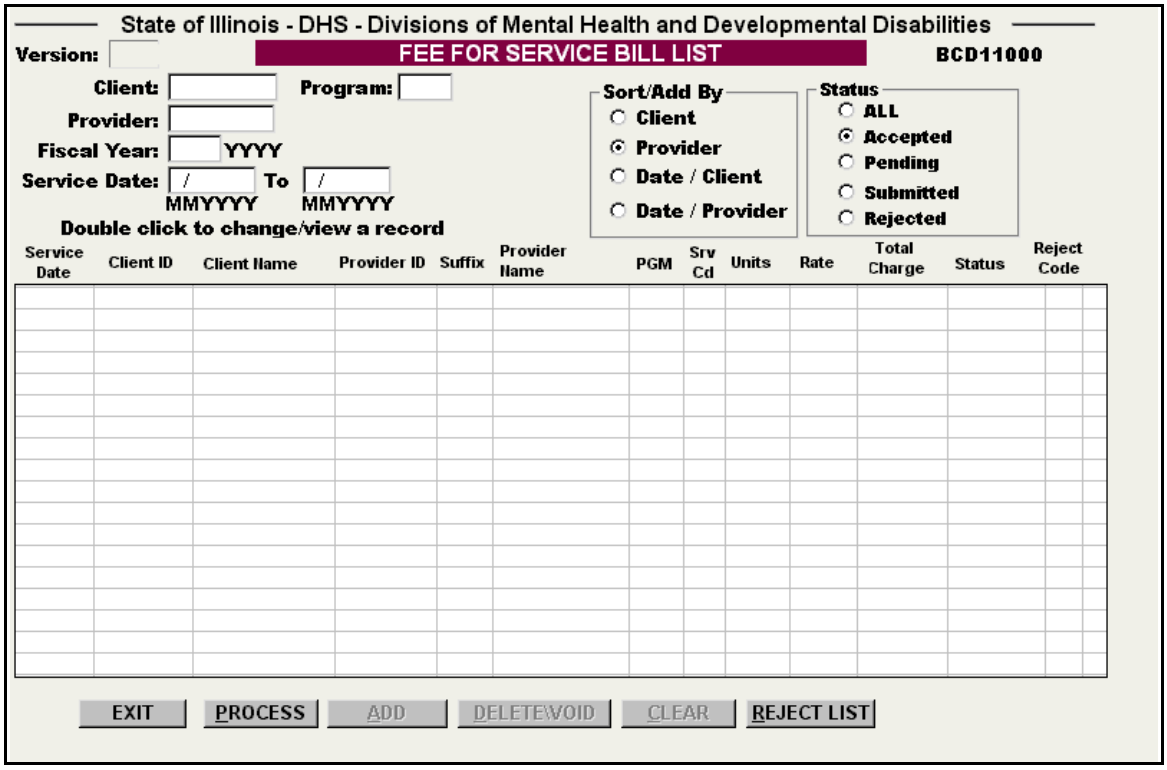
The above screen inset will be displayed when ***Services/Bills*** is selected from the menu bar then ***Fee For Services, By Provider*** or ***By Client*** and ***Add using a Roster*** are selected from the drop down lists.

Enter the correct Roster ID (Roster ID's are case sensitive) and click on ***PROCESS.*** The first client ID in the selected Roster will be displayed on the entry screen. Enter all information and click on ***PROCESS*** again.

**NOTE:** Information on creating and maintaining Rosters can be found in Section 11 under ***Utilities*** and ***Roster Maintenance***.

## 6.8 ADJUST ACCEPTED BILLS - List

### Adjust Accepted Bills Screen - List

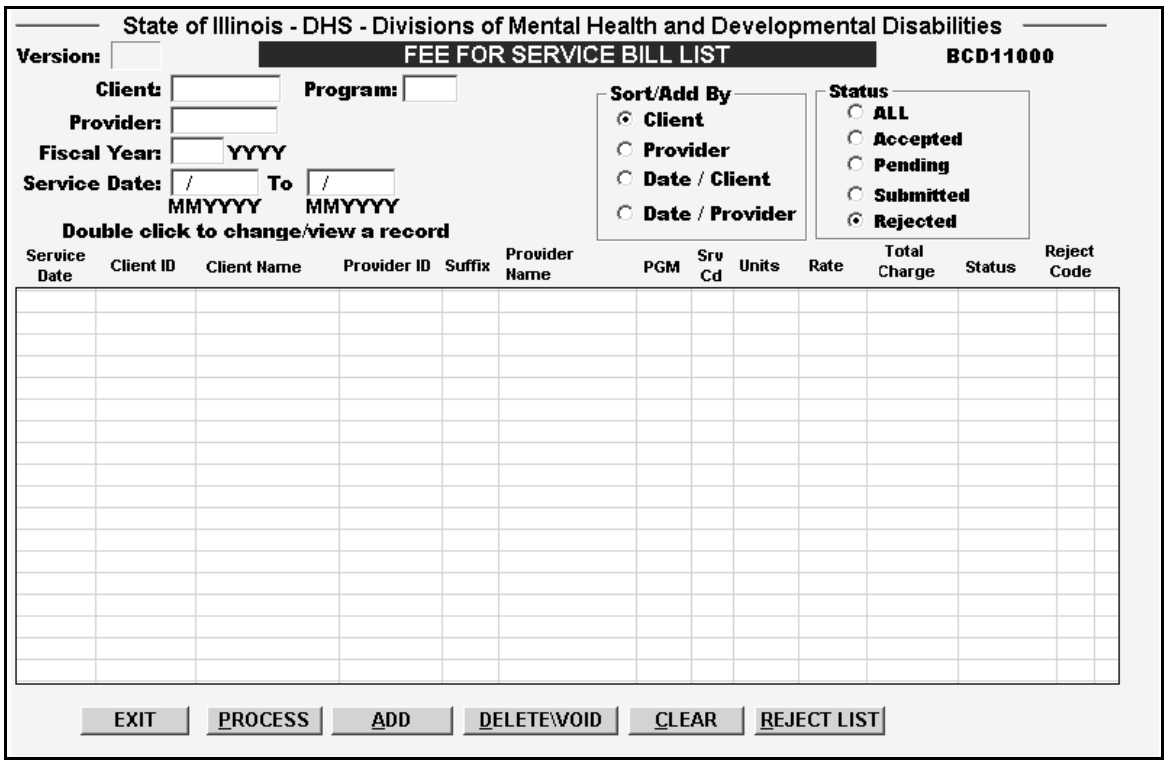



The above screen appears after ***Services/Bills*** is selected from the Menu bar then ***Fee For Services*** and ***Adjust List*** are selected from the drop down lists.

This screen provides a listing of all accepted billings. Records to be displayed may be selected by Client, Program, Provider, Fiscal Year or Service Date range. Records are sorted by Client or Provider or by the date range and status being selected. After the selection for processing has been entered, click on ***PROCESS.*** The records will then be displayed on the screen. The user may either change or delete desired accepted billings. All marked billings displayed on the screen will be processed when ***PROCESS*** is pressed.

## 6.9 CORRECT/DELETE REJECTED BILLS

**Correct Or Delete Rejected Bills Screen**




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services*** and ***Correct/Delete Rejects*** are selected from the drop down lists.

After DHS has processed the submitted billing information, DHS will send back to the agency an updated file. The file will include information about any rejected bills. The user can then learn what bills have been rejected by producing the REJECTED SERVICES report or accessing the above screen. All rejected bills will appear on this screen. If desired, rejection codes and their descriptions may be viewed by clicking on ***REJECT CODES***. (See Appendix E for a listing of rejection codes)

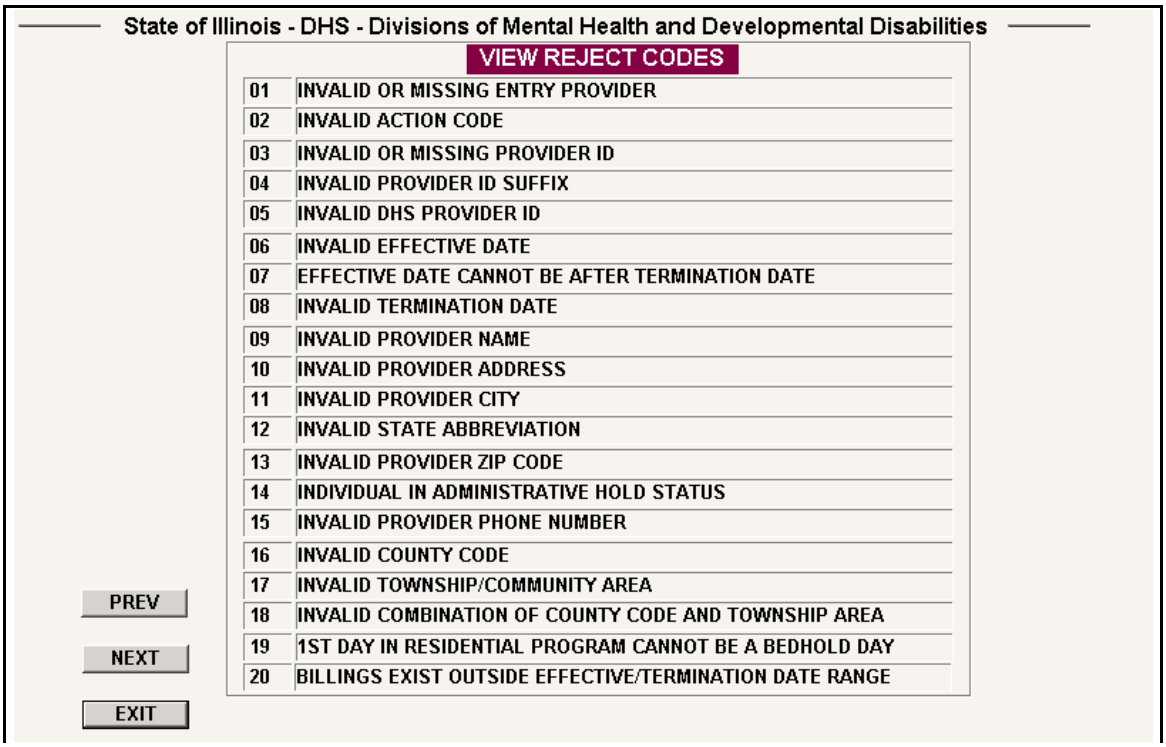
The user may then either change or delete the rejected bill. All billings displayed on the screen will be processed when ***PROCESS*** is pressed.

To delete, highlight the intended bill and click on ***DELETE/VOID*** at the bottom of the screen.

To change, highlight the intended bill and click on ***PROCESS*** at the bottom of the screen. The original entry screen will then be displayed. Once all necessary changes are entered click on ***PROCESS.***

When ***REJECT LIST*** is selected, the following screen is displayed.

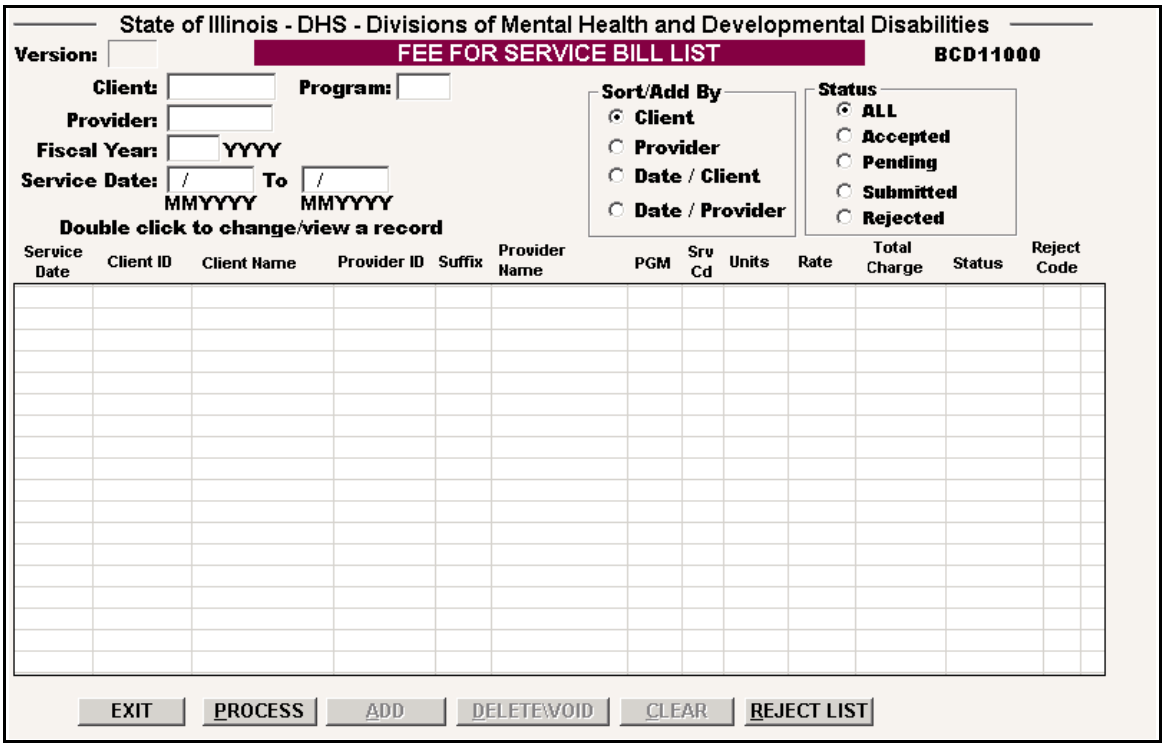
**View Rejection Codes Screen**




This screen will allow searches for a specific rejection code and its description. The next page of codes may be displayed by clicking on ***NEXT*** or display the previous page of codes by clicking on ***PREV.***

## 6.10 FEE FOR SERVICE BILL LIST

**Fee For Services List**




The above screen appears after ***Services/Bills*** is selected from the menu bar then ***Fee For Services*** and ***Bill List*** are selected from the drop down lists.

This screen can be used for multiple purposes. Records to be displayed may be selected by Client, Program, Fiscal Year or Service Date range. Records are sorted by Client or Provider or by the date range and status being selected. After the selection for processing has been entered, click on ***PROCESS***. The records will then be displayed on the screen. Clicking on a selected service will give the option of adjusting an accepted record, correct/delete a rejected record, change an unsubmitted record or inquiring on a record.

If desired, a list of rejection codes and their descriptions may be viewed by clicking on ***REJECT LIST***.

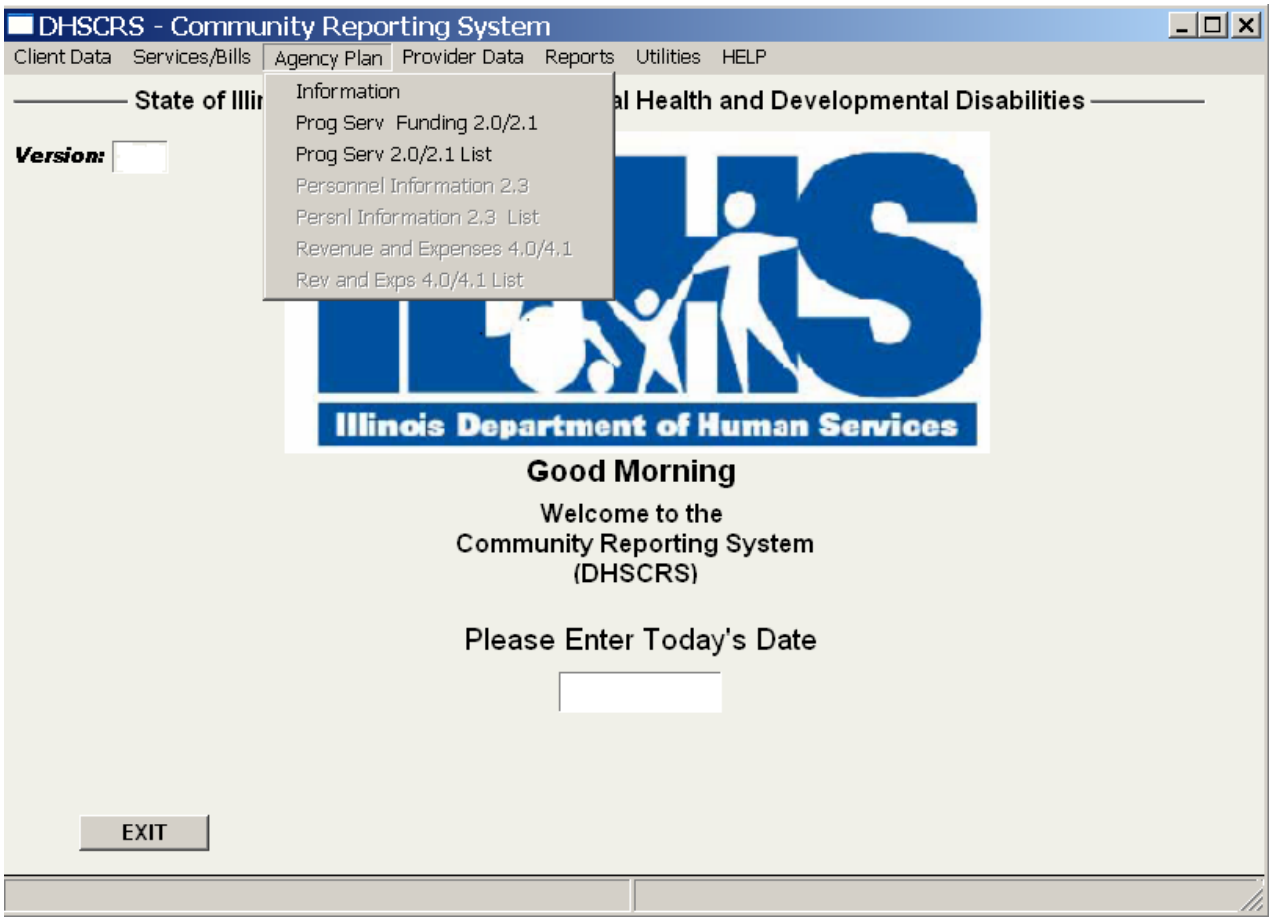
## 6.11 FEE FOR SERVICE BILLING GLOSSARY

| FIELD NAME | DESCRIPTIONS |
|---|---|
| **Action** | **Display** - Action code for screen processing<br>**A** - Add<br>**C** - Change<br>**I** - Inquiry |
| **Entry NBR** | **Mandatory only for program 55D (personal support)** - The number to indicate which bill of the month for this client/service date for program 55D is being reported. May be up to 5 times per month for the same client/service date for 55D.<br>Valid Values are 1-5 |
| **Estimated Charge** | **Display** - Total monthly amount billed to DHS. |
| **Events** | **Display** - Total monthly service units |
| **Hours** | **Display** - Total monthly service hours |
| **I/G** | **Mandatory for Bogard Specialized Services only** - Service mode for program to indicate whether the service was billed at the individual or group rate.<br><br>**I** - Individual<br>**G** - Group |
| **Client ID** | **Mandatory** - Social Security Number of person receiving service. |
| **Client Name** | **Display** - Name of the person receiving service. |
| **OPT** | **Optional** - Optional Data--for use by the agency. |
| **Payee Provider ID** | **Mandatory** - for the special therapy codes (52O, 52P, 52S, 56G, 57U, 58G, 58U); otherwise<br>**Display** - default to the Service Provider ID. |
| **Program** | **Mandatory** - The DHS program code and suffix. |
| **Rate** | For **BOGARD SPECIALIZED SERVICES** program codes - Program rate from the individual's Service Agreement is used, if it exists. If not, the rate must be entered.<br>For all other program codes - The entry of rate is required for variable rate programs. |

| FIELD NAME | DESCRIPTIONS |
|---|---|
| **Rate Lvl** | **Mandatory** - Rate Level is reported for DD In-Home Respite program only (87D). Report 1, 2 or 3 to indicate which rate to use for billing purposes. |
| **REJ** | **Display** - Rejection code returned by DHS after processing. See Appendix E for complete listing. |
| **Res Loc** | **Mandatory** - Residential Location is reported for DD Residential Respite program (89D) only. Indicates which residential location that is serving the client. |
| **Roster** | **Optional** - Identification of roster to be retrieved for processing. |
| **Service Provider ID** | **Mandatory** - Taxpayer ID number (IRS designation) and taxpayer ID suffix, if assigned. The provider's name will also be displayed. |
| **Serv Date** | **Mandatory** - Month and Year of Service |
| **Staff ID** | **Optional** - This field is not used by DHS. Agencies may use it to identify staff person associated with individuals or providers. Letters and/or numbers may be used. |
| **Status** | **Display** - Status of the billing<br><br>**Pending** - not yet submitted to DHS<br>**Submitted** - has been submitted to DHS<br>**Accepted** - DHS has confirmed acceptance for payment<br>**Rejected** - DHS has rejected payment----correct/delete the information |
| **Unit** | **Optional** - This field is used for program codes 31S, 31U, 36G, 36U, 38U, 39G, and 39U. Report the unit of the corresponding grant funded unit/program.<br>**Fee For Service Program** — **Grant Program**<br>31S, 31S — 310<br>36G, 36U, 39G, 39U — 390<br>38U — 380<br>For example, if your agency has 2 grant funded programs 310, one with unit 01 and one with no unit (unit = spaces), enter the unit (either spaces or 01), for which the hours you are billing for program 31U should be included for the Service Variance Report calculations. |

| FIELD NAME | DESCRIPTIONS |
|---|---|
| **Units** | **Display** - Total monthly service units |
| **1 - 31** (Days of the Month) | **Mandatory** - For Hourly reporting, service hours and/or exact minutes for each day of the month. For Event reporting, amount billed/number of events for each day of the month. For Per Diem reporting, report the correct attendance: enter **A** for absent or **P** for present; or one of the following codes for bedhold: **F** for family/home visit; **C** for convalescent care; **H** for hospitalization; **I** for incarceration; **S** for SODC short term admission. |

**SECTION 7**
**AGENCY PLAN INFORMATION**




This screen displays the selection process for entering Agency Plan information. After selecting **Agency Plan** from the menu bar, a drop down list will be displayed. The entry screens for the list options are described later in this Section.

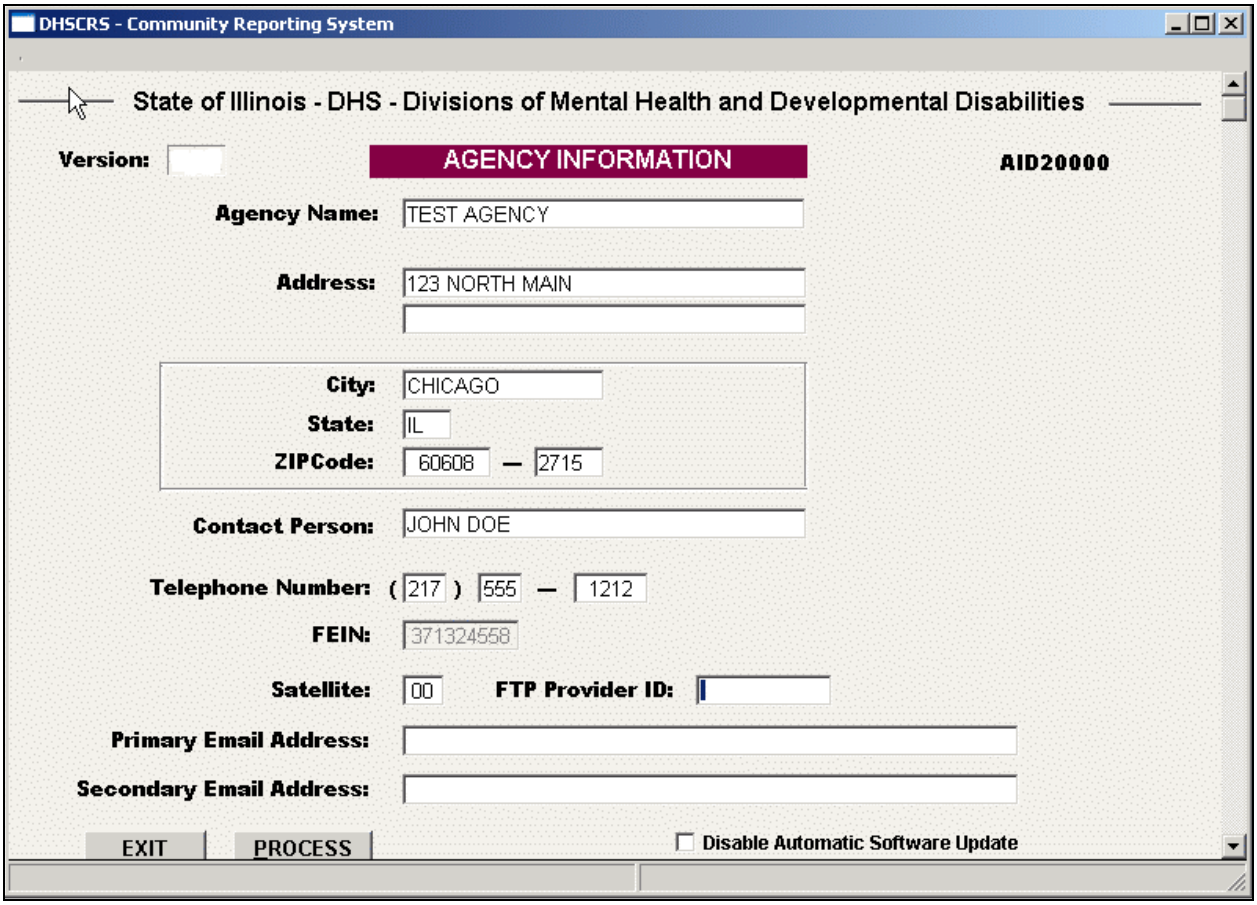
For detailed instructions on completing the Agency Plan forms, refer to the Agency Plan Instructions distributed by your MH Network Contract Manager and/or DD Network Facilitator. For descriptions of the agency plan information fields and corresponding codes, see Section 8.8.

Agency Plan information is accessed by clicking on ***Agency Plan*** in the menu bar and selecting one of the following options:

| | |
|---|---|
| ***Information*** | Allows changes to your agency information. This information is provided with the software. |
| ***Prog Serv Funding Plan 2.0/2.1*** | Allows entry of grant-in-aid program service and funding plan information, including the copying of information from one fiscal year to another. |
| ***Prog Serv 2.0/2.1 List*** | Displays a list of all site/unit and program service information for the selected fiscal year. Allows for entry of program service and funding plan information, including copying of information from one fiscal year to another. |

## 7.1 AGENCY INFORMATION

**Agency Information Screen**




The above screen appears after ***Agency Plan*** is selected from the menu bar and ***Information*** is selected from the drop down list.

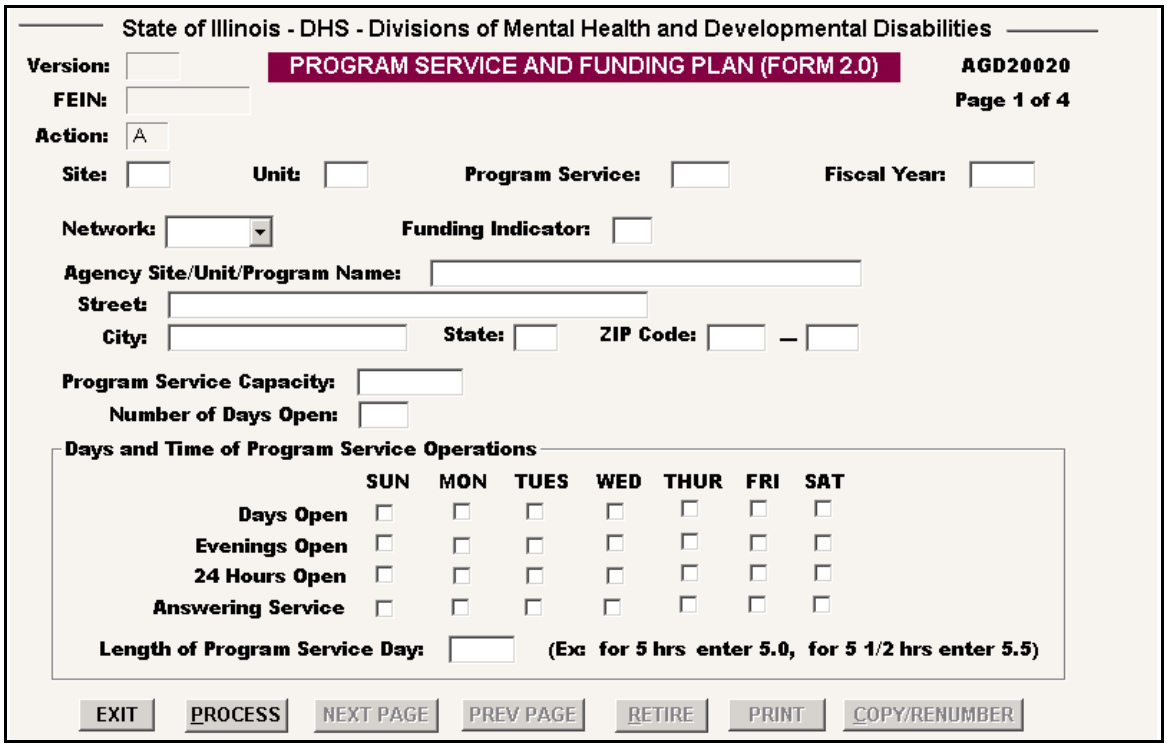
This screen is used to change or view your agency's basic information. Enter all pertinent information. To be able to transmit data electronically, your FTP Provider ID must be entered in the FTP Provider field. Click on ***PROCESS*** to save changes/updates to the screen.

The automatic update of software can be overridden by selecting ***Disable Automatic Software Update***.

If the transaction is error free, the above text box will be displayed. Click on ***OK*** to accept change. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction, and then click on ***PROCESS*** again.

## 7.2 PROGRAM SERVICE AND FUNDING PLAN (Form 2.0/2.1)

**Program Service and Funding Plan Screen (page 1)**



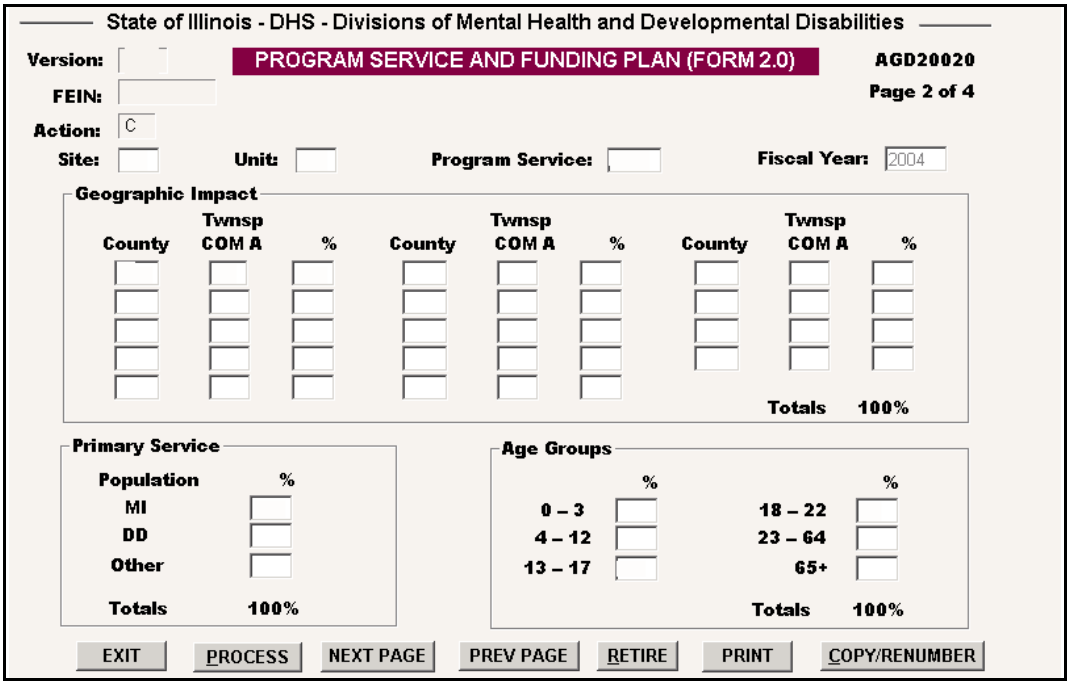

The above screen appears after ***Agency Plan*** is selected from the Menu bar and ***Prog Serv Funding 2.0/2.1*** selected from the drop down list.

This screen is used to add, change, or view an agency plan for a program service and funding plan. This is the first of four screens for agency plan 2.0/2.1 information. The other screens can be accessed by clicking on ***PROCESS***, ***NEXT PAGE*** or ***PREV PAGE***.

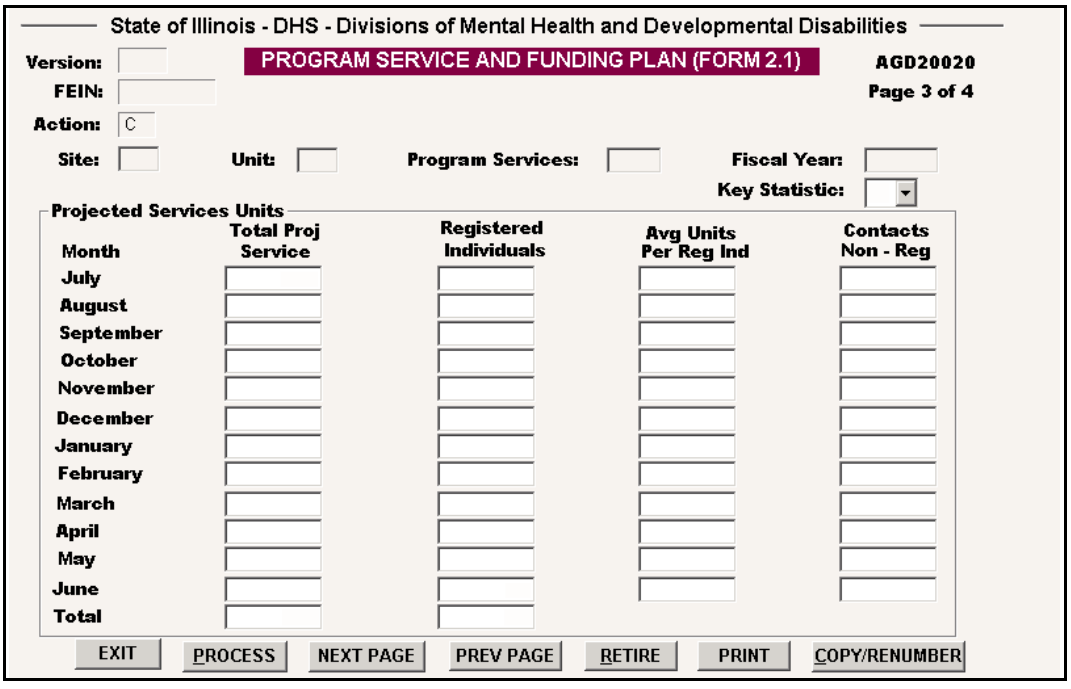
Enter all pertinent information for each screen and click on ***PROCESS***.

When retiring a program enter the ***Site, Unit, Program Service*** and ***Fiscal Year***. The record will be displayed on the screen. Click on ***RETIRE*** and a message will be displayed to confirm retirement of the program service. Click on ***OK*** to retire the selected program. The program will be retired on the current fiscal year and quarter.

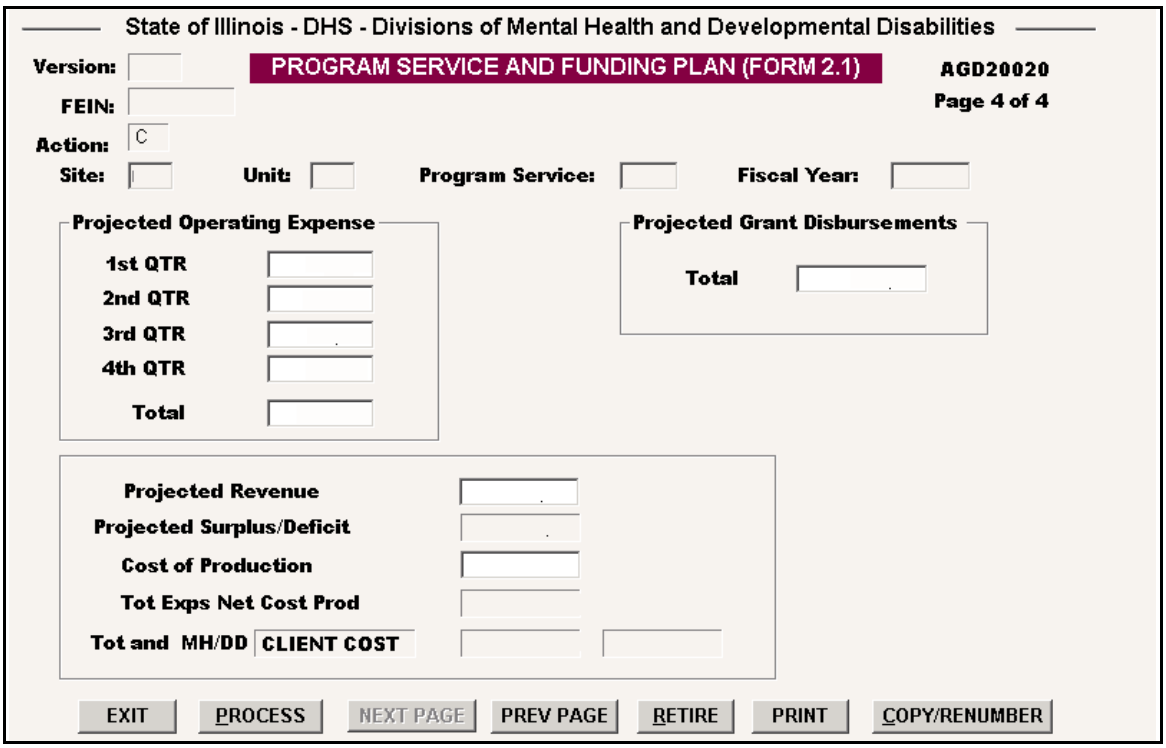
**Program Service and Funding Plan Screen (Page 2)**

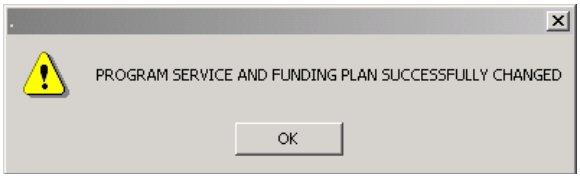



**Program Service and Funding Plan Screen (Page 3)**



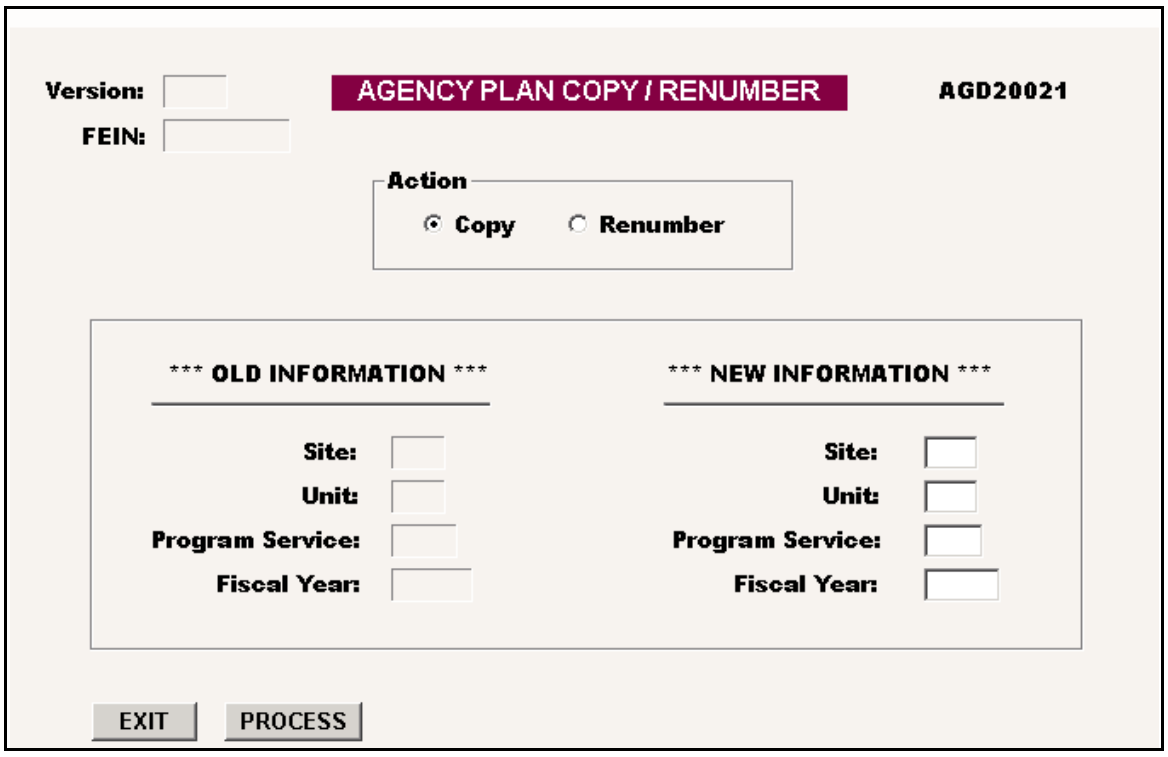
**Program Service and Funding Plan Screen (Page 4)**



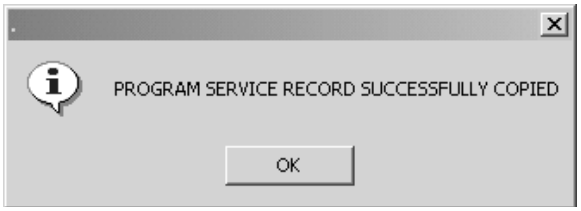




If the transaction is error free, the above text box will be displayed. Click on ***OK*** to continue. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction, and then click on ***PROCESS*** again.

**Program Service and Funding Plan Copy Renumber Screen**



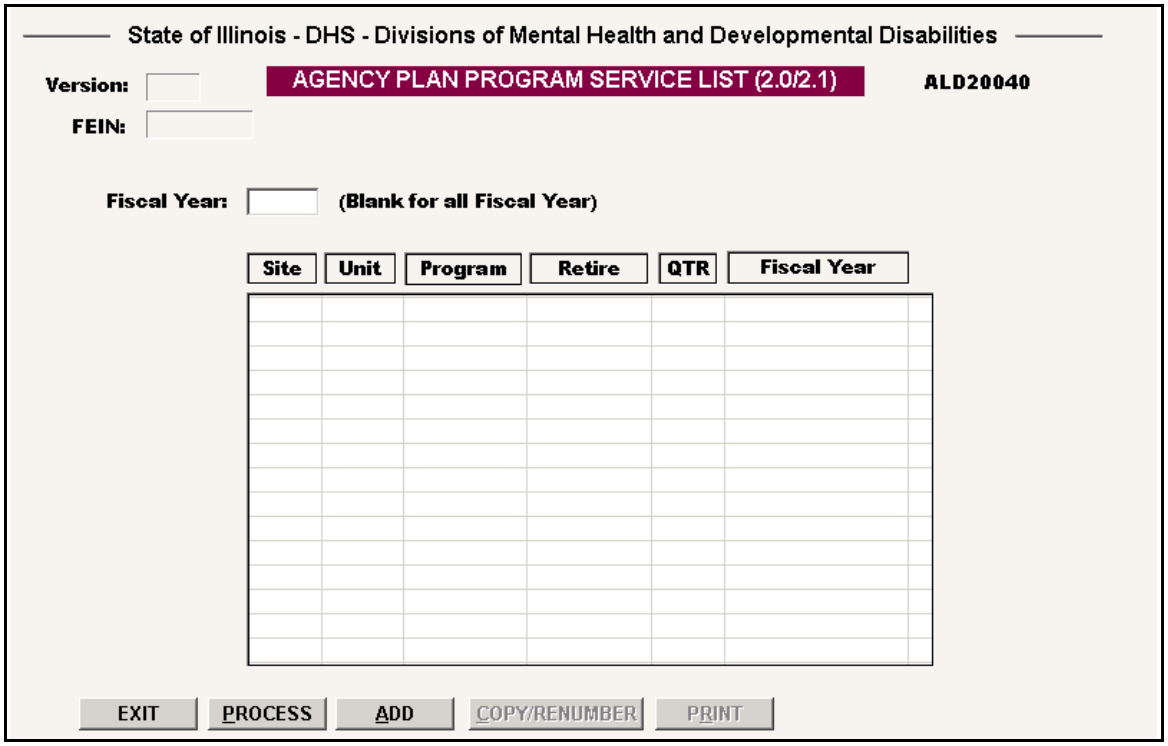

The Agency Plan Copy/Renumber screen is reached by clicking on ***COPY/RENUMBER*** on the previous screens. This screen is used to copy or renumber a program service and funding plan for a specific fiscal year. Enter all pertinent information and click on ***PROCESS***.




If the transaction is error free, the above text box will be displayed. Click on OK to continue. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction, and then click on ***PROCESS*** again.

## 7.3 PROGRAM SERVICE AND FUNDING PLAN LIST

**Program Service List Screen**




The above screen appears after ***Agency Plan*** is selected from the menu bar and ***Prog Serv 2.0/2/1 List*** selected from the drop down list.

This screen is used to perform an inquiry on the list of program service codes for a specific or all fiscal years. After the list of codes is displayed on the screen, program information may be changed by double clicking on the specific program service code which will then display the appropriate information. After highlighting a specific program service code and clicking on ***COPY/RENUMBER*** a program service and funding plan may be copied/renumbered from one fiscal year to the next.

## 7.4 AGENCY PLAN INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Address** | **Mandatory -** Street or box number of the administrative office of the agency. (Two lines available) |
| **Age Groups** | **Mandatory -** The percentage of individuals projected to be served in each of these age groups: 0-3, 4-12, 13-17, 18-22, 23-64, 65+. The total must equal 100%. |
| **Agency Name** | **Mandatory -** Legal name of the agency |
| **Agency Site/Unit/Program Name** | **Optional -** The name of the program service |
| **Annual Salary** | **Required, if applicable -** The annual salary that each of the individuals receive that work in the program service. |
| **City** | **Mandatory -** Community |
| **Contact Person** | **Mandatory -** Primary person to contact |
| **Cost Of Production** | **Mandatory -** The total cost of production for the program service. |
| **Days and Time of Program Service Operations OPERATION** | **Mandatory -** Indicates the daily operating schedule of the program service during the normal work week. |
| **DEPRECIATION** | **Optional -** Amount of depreciation of physical assets. |
| **FEES FOR SERVICE** | **Required, if applicable -** Any fees received on a reimbursement basis for services provided to specific, eligible individuals. |
| **Agency FEIN** | **Mandatory -** Federal Employer's Identification Number assigned to your agency. |
| **Fiscal Year** | **Display -** Fiscal Year |
| **FTE** | **Mandatory -** Total hours per week an individual works. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Funding Indicator** | **Mandatory -** This field is used to reflect the predominant source or type of DHS funding for the specific program cost center, including identification of funding which ''flows through'' another DHS funded entity (and identified using the ''Contract FEIN'' within the service reporting component of ROCS). The valid codes are:<br><br>**1** - DHS Grant Funded<br>**2** - Donated Funds Initiative (DFI) or Certified Funds Initiative (CFI)<br>**3** - DHS Contract for Services<br>**4** - Special Programs - Includes programs funded through the state hospital transition line, special federally funded projects, etc.)<br>**5** - Non DHS Funded - Funded by DHS through another DHS funded entity (e.g. funding passed through from one agency to this agency, requiring the use of the Contract FEIN for service reporting on ROCS. |
| **Fiscal Year** | **Display -** The state fiscal year for which grant funds are requested (July 1 - June 30). |
| **Geographic Impact** | **Mandatory -** The County, and Township/Community Area, and Percentage of total service that this area represents. Total of percentages must equal 100%. Refer to the latest Directory of Geographic Information for codes. |
| **Grants** | **Required, if applicable -** All grants should be specified by source and amount. |
| **Key Statistic** | **Mandatory -** A service unit which is projected by the agency and monitored by MH/DD.<br>**C -** Client hours<br>**E -** Employee hours<br>**R -** Residential days<br>**O -** Other |
| **Length of Program Service Day** | **Optional -** The number of hours the program service is open. |
| **MH/DD-Funded** | **Mandatory -** Percentage that your agency is funded by MH/DD. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Network** | **Mandatory -** The Mental Health or Developmental Disabilities network responsible for your agency.<br>**MENTAL HEALTH**<br>**MHCA -** Metro C & A<br>**MHCE -** Central<br>**MHCS -** Chicago - Suburban<br>**MHMS -** Metro-South<br>**MHMN -** Metro-North<br>**MHMW -** Metro-West<br>**MHNC -** North Central<br>**MHNW -** Northwest<br>**MHSO -** Southern<br>**MHSM** - Metro East Southern<br>**DEVELOPMENTAL DISABILITIES**<br>**CE - Central**<br>**City of Chicago -** City of Chicago<br>**MCNS -** North Suburban<br>**MCSS -** South Suburban<br>**NC - North Central**<br>**NW - Northwest**<br>**SO - Southern** |
| **NEW AGENCY PLAN:** | |
| **o Site** | **Optional** - Site code to be copied/renumbered to |
| **o Unit** | **Optional** - Unit code to be copied/renumbered to |
| **o Program Service** | **Mandatory -** Program service code to be copied/renumbered to |
| **o Fiscal Year** | **Mandatory -** Fiscal year to be copied/renumbered to |
| **Number of Days Open** | **Mandatory** - Total days this program service is expected to be open for service during the fiscal year |

| FIELD NAME | DESCRIPTION |
|---|---|
| **OLD AGENCY PLAN:** | |
| **o Site** | **Display -** Site code to be copied/renumbered from |
| **o Unit** | **Display -** Unit code to be copied/renumbered from |
| **o Program Service** | **Display** - Program service code to be copied/renumbered from |
| **o Fiscal Year** | **Display -** Fiscal year to be copied/renumbered from |
| **Agency Site/Unit/Program Name** | **Mandatory** - Name of the program service |
| **OTHER SOURCES** | **Required, if applicable** - The total amount from other sources. |
| **Primary Service Population** | **Mandatory** - The percentage of total individuals projected to be served in each of these categories: MI, DD, and Other. The total must equal 100%. |
| **Program Service** | **Mandatory** - The specific program service for which grant funds are being received. |
| **Program Service Capacity** | **Optional** - Maximum number of individuals the program service can maintain at one time (For residential programs only) |
| **PROJ SURPLUS/DEFICIT** | **Display** - The projected surplus or deficit for the program service. |
| **Projected Surplus/Deficit EXPENSE** | **Mandatory** - The projected accrued operating expenses (including depreciation) as they would be expected to occur over the course of the fiscal year. |
| **Projected Revenue** | **Mandatory** - The projected income for the program service. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Projected Service3 Units:**<br><br>**o Total Proj Service** | **Mandatory** - The number of service units projected for UNITS each month of the fiscal year. |
| **o Registered Individuals** | **Optional** - For each month, the number of unduplicated INDIVIDUALS registered individuals to be served. |
| **o Avg Units Per Reg Ind** | **Optional** - For each month, the monthly average contacts REG IND per registered individual. |
| **o Contacts Non-Reg** | **Optional -** For each month, the total monthly contacts made to non-registered individuals. |
| **Retire Qtr** | **Display** - Fiscal year and quarter the program service was retired. |
| **State** | **Mandatory** - Post Office abbreviation for State. |
| **Telephone Number** | **Mandatory** - Telephone number of contact person. |
| **Tot and MH/DD - Unit Cost** | **Display** - The total unit cost and total MH/DD unit cost. |
| **Tot Exps Net Cost Prod** | **Display** - The amount of total operating expenses minus the Cost of Production. |
| **TOT PRJ OPR EXP W/DEP.** | **Mandatory** - The total projected accrued operating expenses, including depreciation. |
| **TOT PROJ OPERATING EXP** | **Mandatory** - The total projected accrued operating expenses, excluding depreciation. |
| **Total Salary** | **Required, if applicable** - The total salary of the individuals working in this program service. |
| **Total FTEs** | **Required, if applicable** - Total FTEs that work in this program service. |
| **TOTAL GRANT DISBURSEMENTS** | **Mandatory** - The projected monthly MH/DD grant disbursements to be received for the operation of this program service over the course of the fiscal year. |
| **TOTAL REVENUE** | **Mandatory** - The total of fees for services, grants, and other miscellaneous sources. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Unit** | **Required, if applicable** - If used, a unique number which may be used to differentiate among program service locations or functions. **NOTE:** Beginning with FY1999 Agency Plans, this field is mandatory for Office of Mental Health (OMH) funded programs. Please refer to your OMH Agency Plan Instructions for further guidance. |
| **ZIP Code** | **Mandatory** - Post Office designation (5 or 9 digits). |

**SECTION 8**

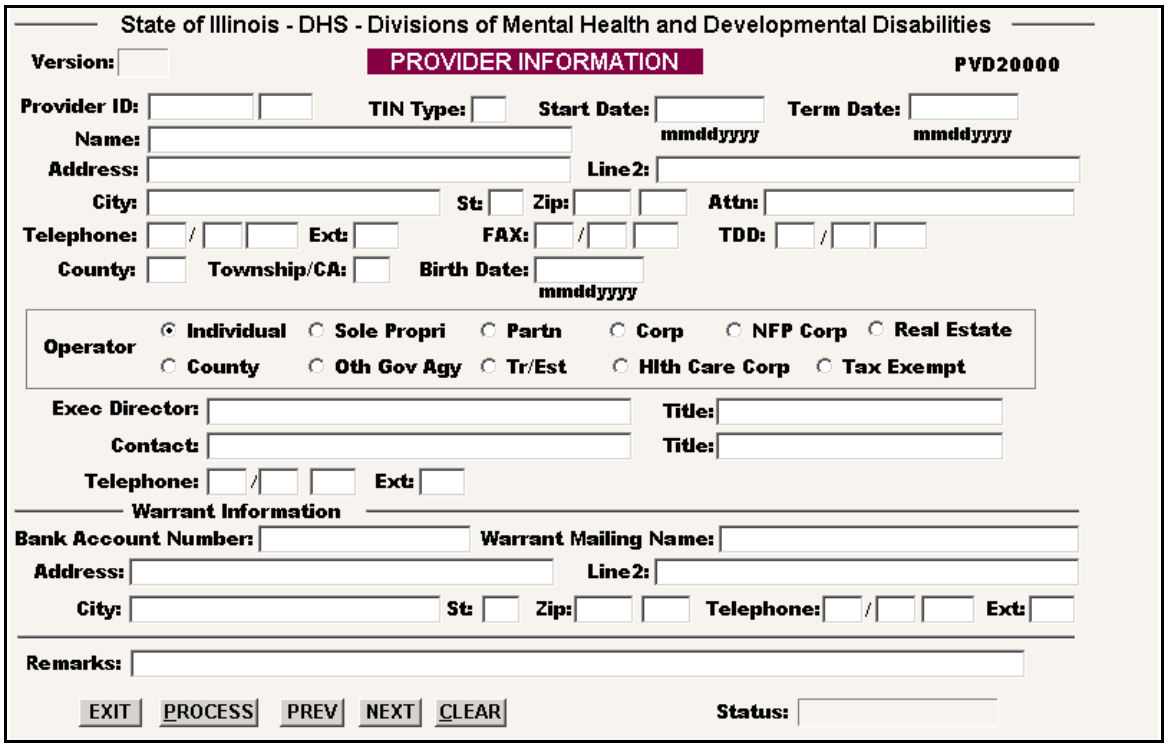
**PROVIDER INFORMATION**

This screen displays the selection process for entering provider information. Information about every Fee-for-Services provider must be collected by the service coordination agency or by a provider doing their own billing entry. The required information is necessary for the Office of the Comptroller to process and mail payments. Providers that have been rejected must have the information corrected before any billings will be accepted. Provider records rejected because of an invalid FEIN (determined by the Office of the Comptroller), cannot be changed by the agency and no billings will be accepted. (See Appendix E for Fee For Services Error Codes)

**NOTE:** The system will not allow entry of bills for a provider until the provider information screens are complete.

## 8.1 PROVIDER INFORMATION ENTRY

**Provider Information**




The above screen appears after **Provider Data** is selected from the menu bar and **Add/Change/Terminate** is selected from the drop down list.

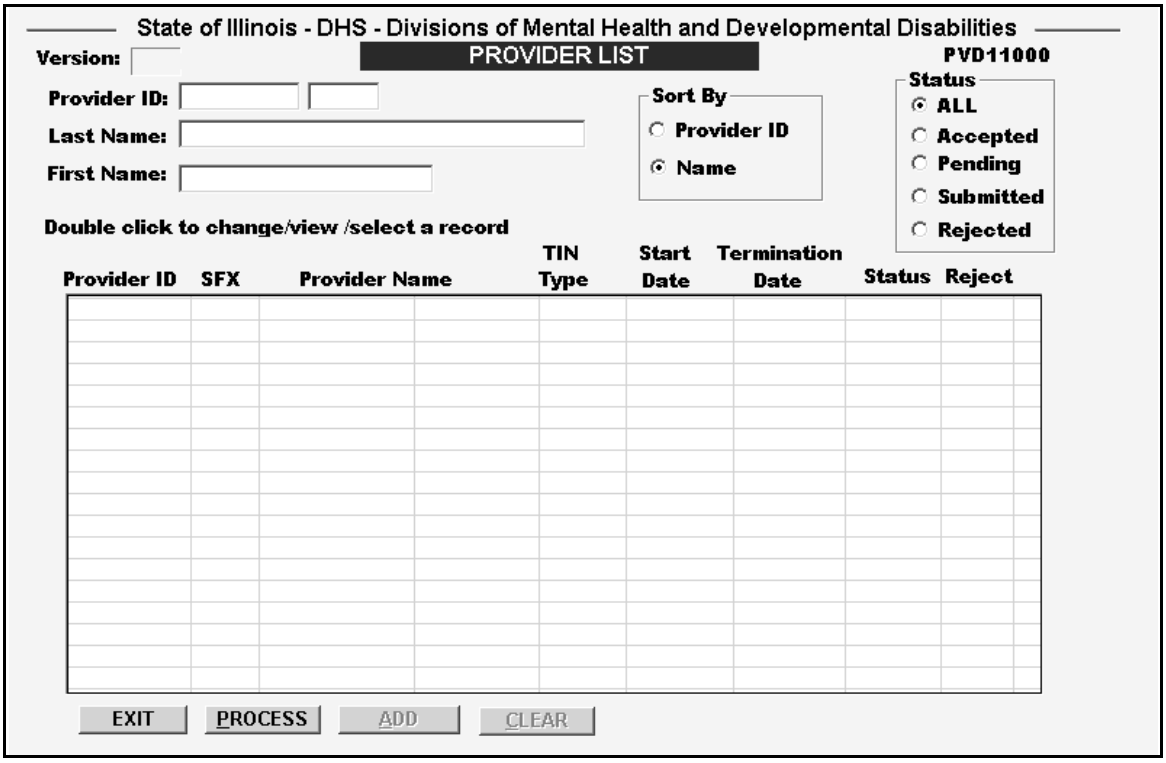
Enter all pertinent information and click on ***PROCESS***. If the transaction is error free, the message PREVIOUS ACTION COMPLETED SUCCESSFULLY will be displayed at the bottom of the screen. If the transaction has an error(s), a message explaining the reason for the error condition will be displayed. Make the necessary correction then click on ***PROCESS*** again.

When the ***Operator*** is ***County***, then ***Warrant Mailing Name*** and ***Address*** information which follow must be those of the county treasurer. (This is necessary because Illinois Public Act 86-962 requires that State and Federal funds to counties "shall be disbursed only to the county treasurer ... for distribution by the county treasurer to the appropriate county recipient.")

Otherwise, this information is used when payment is to be sent not to the provider directly but to the provider's designated financial institution or other mailing address. Information for that purpose is entered at the bottom of this screen.

**NOTE:** Detailed descriptions of the provider information fields and corresponding codes are on the following pages.

## 8.2 PROVIDER LIST




The above screen appears after ***Provider Data*** is selected from the menu bar then Provider ***List*** is selected from the drop down lists.

This screen can be used to display a list of Provider records. After the selection for processing has been entered, click on ***PROCESS***. The records will then be displayed on the screen. Clicking on a selected record will give the option of changing an unsubmitted record or inquiring on a record.

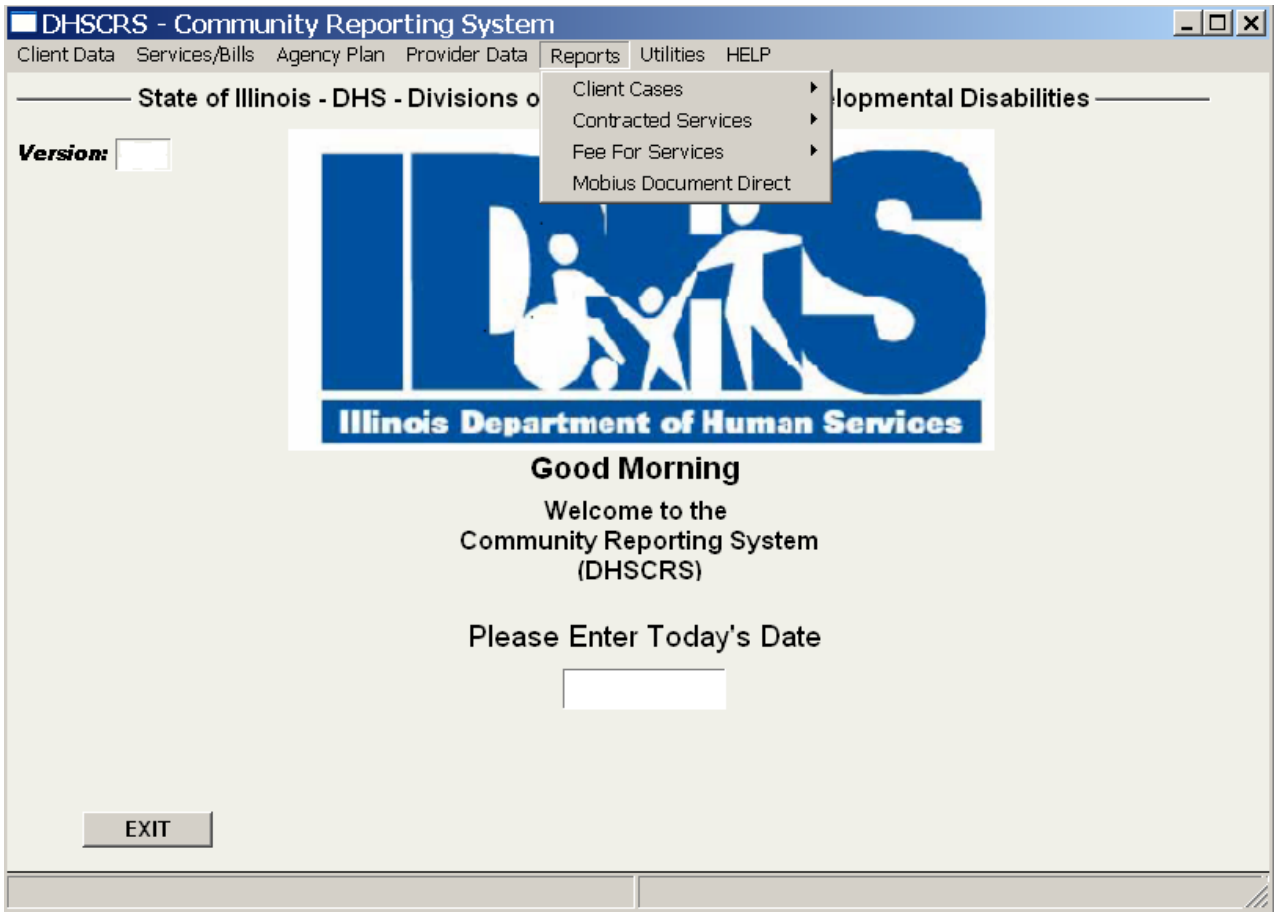
## 8.3 PROVIDER INFORMATION GLOSSARY

| FIELD NAME | DESCRIPTION |
|---|---|
| **Address** | **Mandatory -** Box number, street address, etc. |
| **Attn** | **Optional** – Name to whom daily mail will be addressed. |
| **Bank Account Number** | **Optional -** Bank Account Number if warrant is to be mailed to a bank. |
| **City** | **Required, if applicable -** Community |
| **Contact** | **Optional -** Primary person to contact |
| **County** | **Mandatory** – Provider County |
| **Exec Director** | **Optional** – Name of the Chief Executive Officer. |
| **Ext** | **Optional -** Telephone number extension |
| **FAX** | **Optional** – Provider Fax Number |
| **Line2** | **Required, if applicable -** This field is used when ADDRESS has been entered with a box number, DBA name, etc. LINE2 must contain the street address, in accordance with the new vouchering process effective July 1, 1998. |
| **Name** | **Mandatory -** Legal name of provider. If TIN TYPE is 02 (SSN), additional entry fields will appear to enter LAST/FIRST names and a TITLE field for titles that precede a name (e.g., DR.) |
| **Operator** | **Mandatory -** Operator of Business<br>(*select only one*)<br>Individual — Individual<br>Sole Propri — Sole Proprietorship<br>Partn — Partnership<br>Corp — For Profit Corporation<br>NFP Corp — Not-for-Profit Corporation<br>Real Estate — Real Estate Agent<br>County — County Agency<br>Oth Gov Agy — Other Government Agency<br>Tr/Est — Trust<br>Hlth Care Corp — Medical/Health Care Corp<br>Tax Exempt — 501(a) Tax Exempt |
| **Provider ID** | **Mandatory -** Taxpayer ID Number (IRS Designation). The Taxpayer ID Suffix is optional (i.e., store number to distinguish between providers with same taxpayer ID numbers). |
| **Remarks** | **Optional -** For agency use only |
| **St** | **Mandatory -** Post Office abbreviation for State. |

| FIELD NAME | DESCRIPTION |
|---|---|
| **Start Date** | **Mandatory** - Date the provider began providing services. |
| **Status** | **Display** - Status of provider<br><br>**Accepted -** DHS has confirmed acceptance of provider<br>**Submitted** - data has been sent/transmitted to DHS<br>**Pending** - data not yet sent/transmitted to DHS<br>**Rejected** - DHS has rejected the provider -correct/terminate provider |
| **TDD** | **Optional** - Provider TDD Number |
| **Telephone** | **Required, if applicable** - Area code and general number. |
| **Term Date** | **Optional** - Date the provider stopped providing services. |
| **TIN Type** | **Mandatory** - Taxpayer Identification Number type:<br><br>**01** - Federal Employer Identification Number<br>**02** - Social Security Number<br>**03** - Government Unit Code (Comptroller USAS Procedure 19.20.10)<br>**04** - Comptroller-assigned number for certain non-reportable payments<br>**05** - Vendor awaiting assignment of a taxpayer identification number (Comptroller USAS Procedure 19.10.15)<br>**06** - Comptroller-assigned number for nonresident alien, foreign corporation or foreign partnership |
| **Title** | **Optional** - Proper title of the person |
| **Township/CA** | **Mandatory** - Provider Township/Comm Area |
| **Warrant Mailing Name** | **Optional** - Name of person or business warrant is to be mailed to. |
| **Zip** | **Required, if applicable** - Post Office designation (5 or 9 digits). |

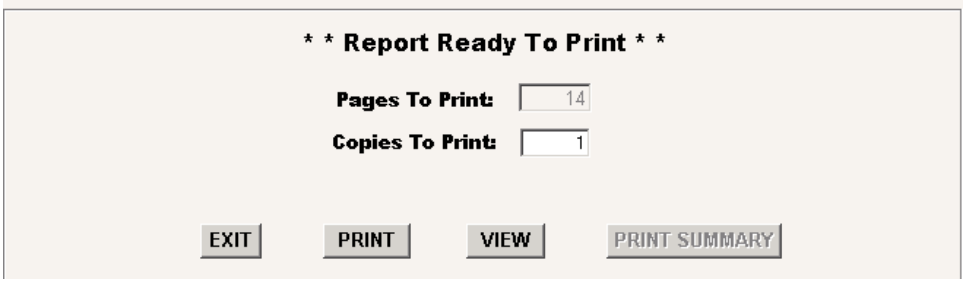
**SECTION 9**

**REPORTS**

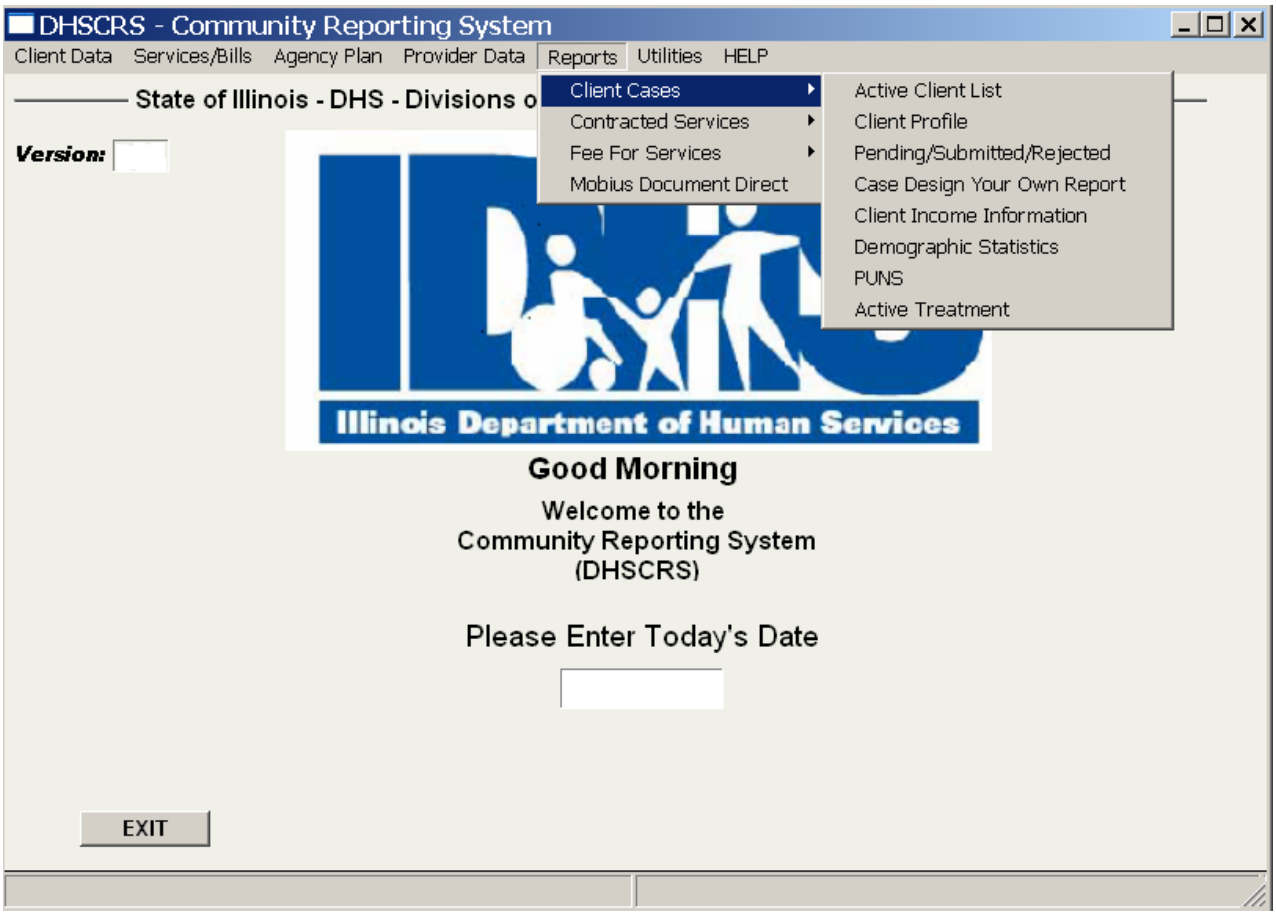



This screen displays the selection process for a series of reports that are available to the agency. The report may be viewed on screen or printed. Refer to Appendix F for sample report pages.

The following window appears after any of the requested reports have been created. It shows how many pages were generated for the selected report. (For example, "PAGES To Print = 2" means that the report is two pages long.) Enter the number of copies of the report to be printed. Click on **PRINT** to print the report or click on **VIEW** to view the report on the screen. The report data set names are listed with the option description.

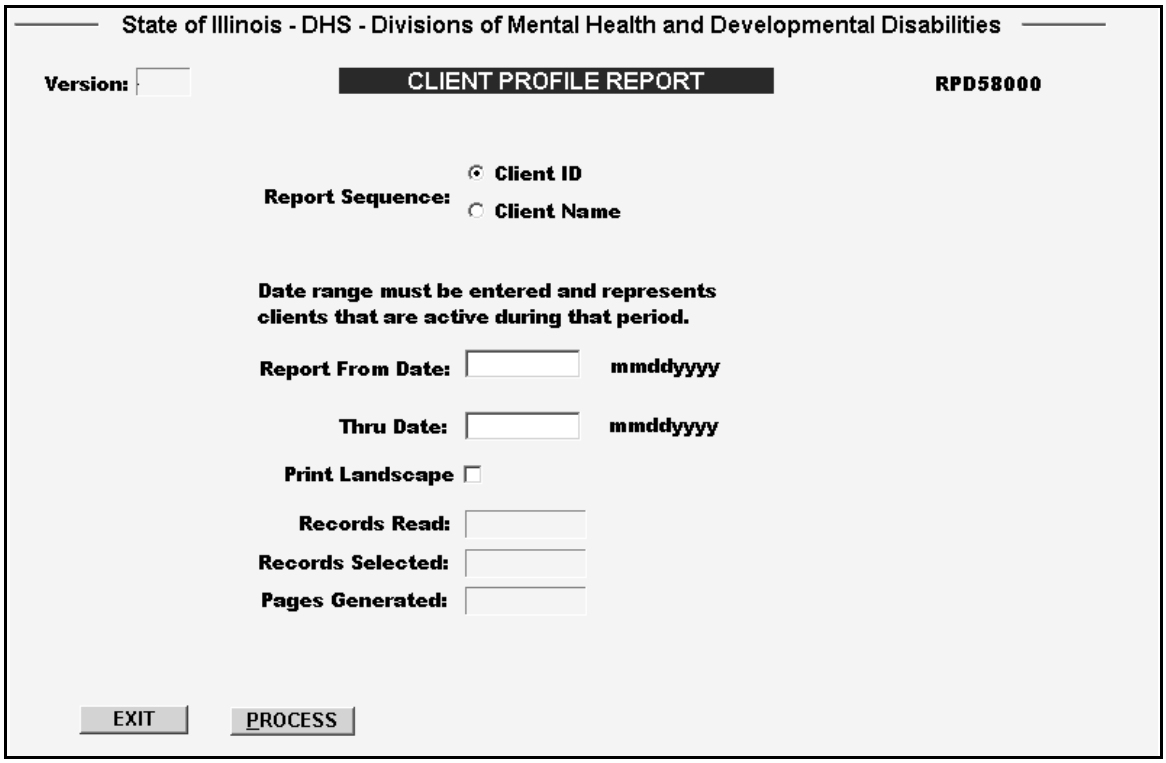


## 9.1 CLIENT CASE REGISTRATION REPORTS




This screen displays the selection process for a series of reports that are available to aid the agency in monitoring the accuracy and status of its client case registration information records. After selecting ***Reports*** from the menu bar, select ***Client Cases*** from the drop down list. The screens on the following pages will then be displayed.

**Client Profile Report**

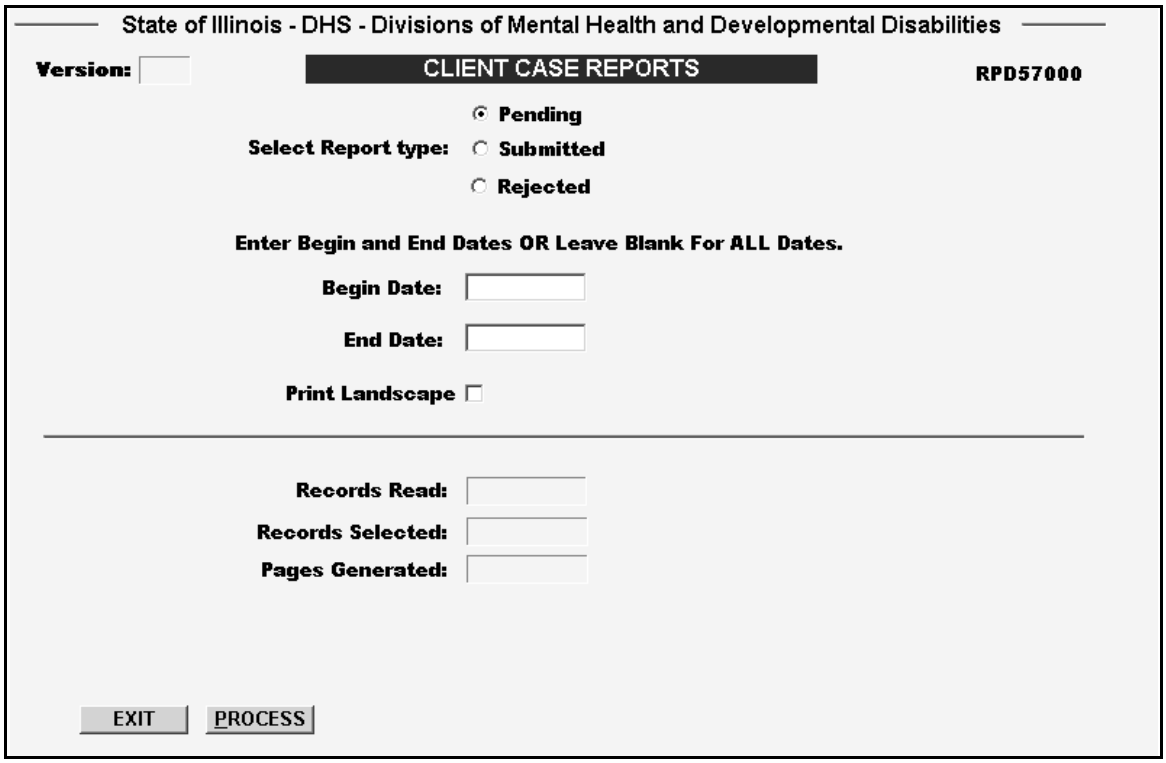



The above screen appears after ***Reports*** is selected from the menu bar then ***Client Cases*** and ***Client Profile*** are selected from the drop down lists.

This screen displays the selection options to create a report that lists all active clients and clients whose cases were closed during the selected period. The report shows selected data for each individual. The report may be ran in either Client ID or Client Name sequence for a selected date range. Enter the desired selection criteria and click on ***PROCESS***.

The report data set is \PRS\MCR\RPD58000.RPT.

**Pending/Submitted/Rejected Reports**



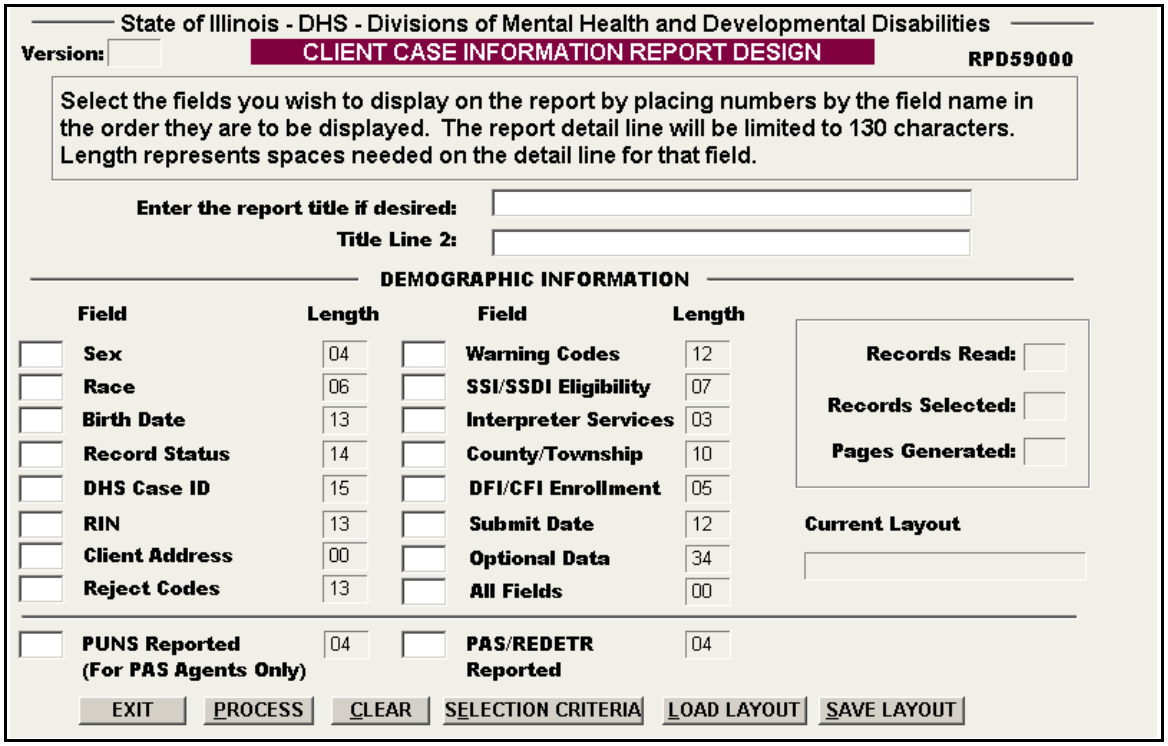

The above screen appears after ***Reports*** is selected from the menu bar then ***Client Cases*** and ***Pending/Submitted/Rejected*** are selected from the drop down lists. Enter the desired selection criteria and click on ***PROCESS***.

The ***Pending*** report selects and lists all client case information records which have been added, changed or closed in the PC system but not yet written to a file for submission. It should be used to check the accuracy of the data entered by the agency prior to writing the records to a file for submission to DHS. It will print in Client ID order those transactions with ''*PENDING*'' in the STATUS field. The report data set is \PRS\MCR\CASESTAA.RPT.

The ***Submitted*** report selects and lists all client case information records that have been entered and written to a file for submission, but have not been updated with results. This report is in Client ID order and contains all client case information with ''*SUBMITTED*'' in the STATUS field. The report data set is \PRS\MCR\CASESTAC.RPT.

The ***Rejected*** report selects and lists all client case information records that have been updated with results from DHS and contain an error. The report contains all client case information with ''REJECTED'' in the STATUS field. The report data set is \PRS\MCR\CASESTAD.RPT.

**Case Design Your Own Report - Page 1**



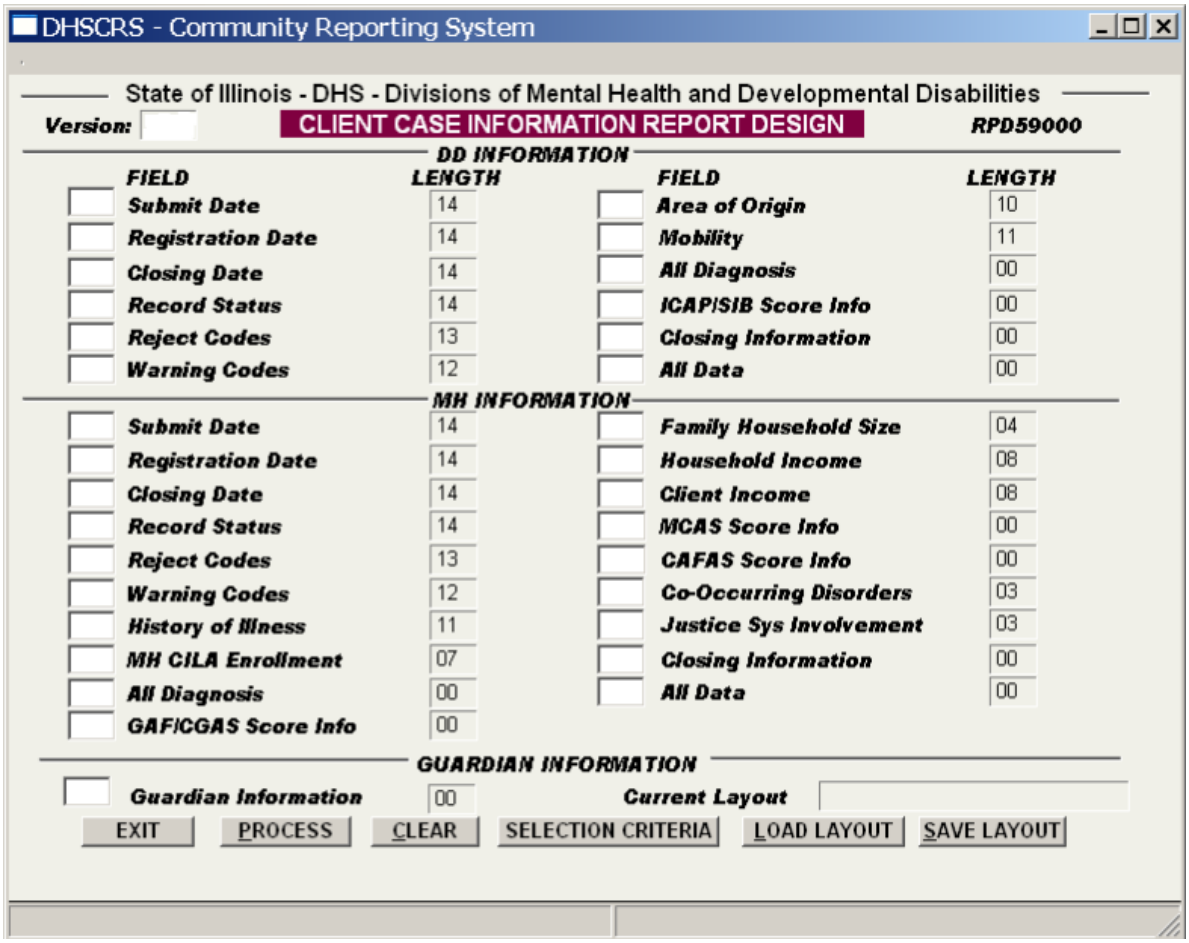

The above screen appears after ***Reports*** is selected from the menu bar then ***Client Cases*** and ***Case Design Your Own Report*** are selected from the drop down lists.

This screen displays fields which may be selected to create a report containing specific client data.

This report is available to create your own Client Case Information Report. Specific fields to be displayed may be selected on this screen. After the fields have been selected click on **PROCESS** to display the following screen.

The report data set is \PRS\MCR\RPD59000.RPT.

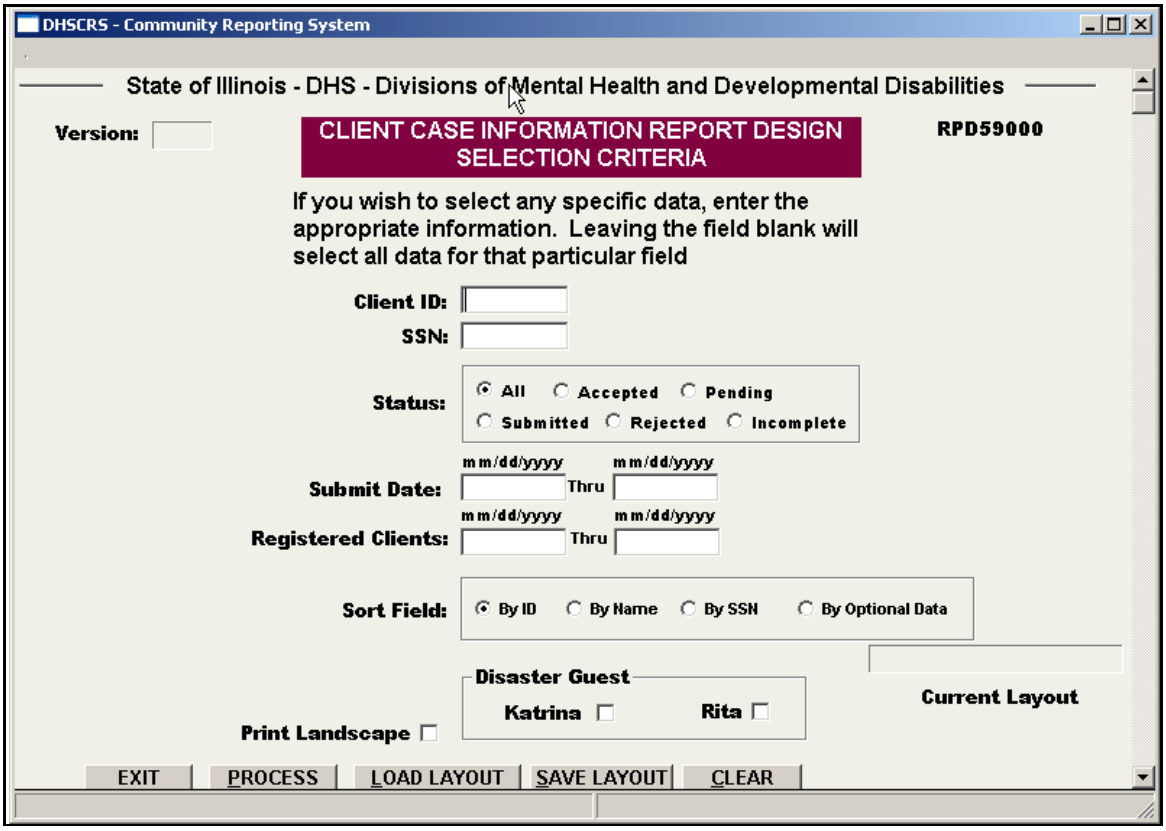
**Case Design Your Own Report - Page 2**




This is the second screen for the Case Information Design Your Own Report. It displays fields which may be selected from the DD and/or MH Information to create a report containing specific client data.

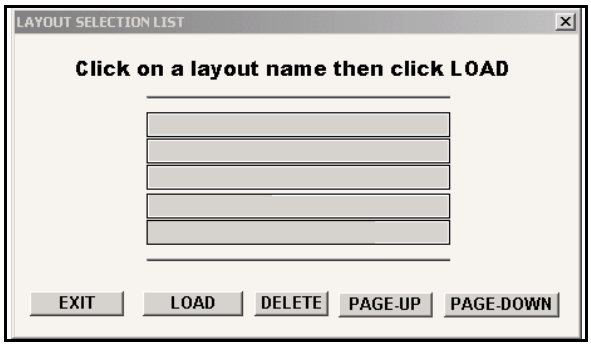
Select the desired information and click on ***SELECTION CRITERIA***. The screen on the following page will be displayed.

**Case Design Your Own Report - Page 3**

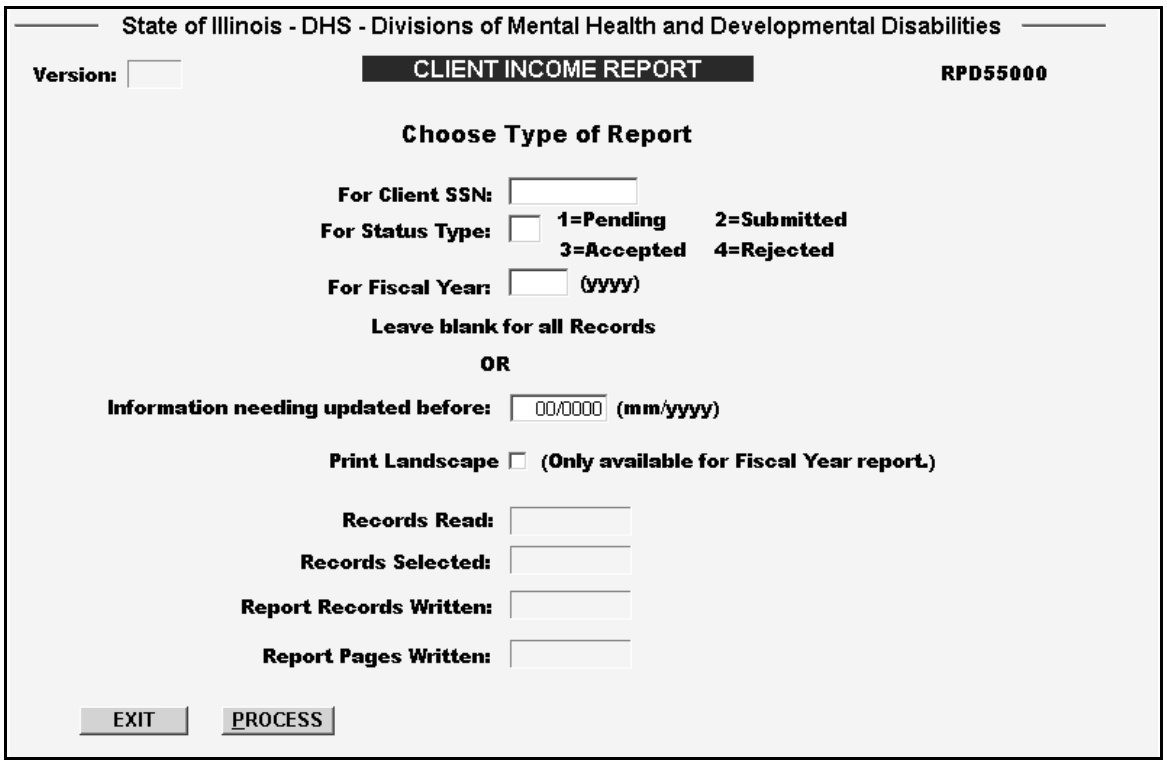



This is the third screen for the ***Case Design Your Own Report***. It allows for the further selection of specific client data.

This report is available to create your own Client Case Information Report. Specific criteria may be selected to limit the information being written to the report. After the criteria has been selected click on **PROCESS** which will then return to the previous screen. Click on **SAVE LAYOUT** and enter a layout name if you choose to save the selected layout for future use (Layout Selection List text box is shown below). Then click on **PROCESS** to create the report.



**Client Income Information Report**



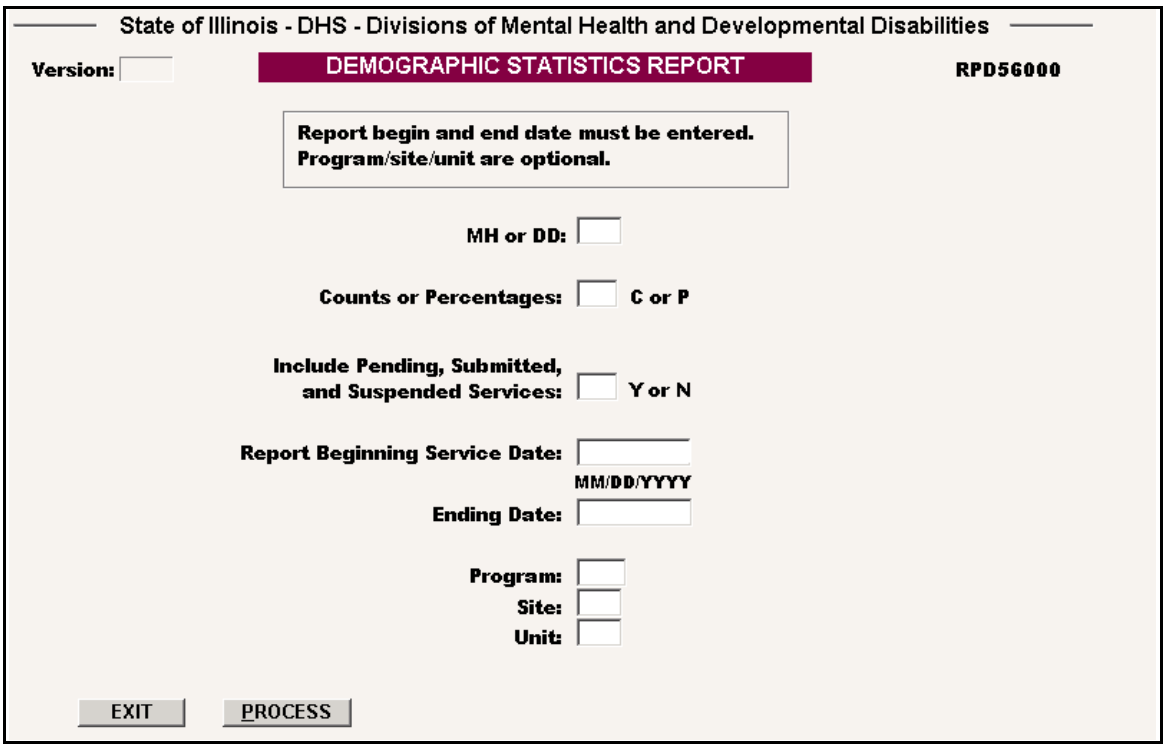

The above screen appears after ***Reports*** is selected from the menu bar then ***Client Cases*** and ***Client Income Information*** are selected from the drop down lists.

This screen displays the selection options to create a client income report.

The report lists income records for individual clients or for all clients for a requested fiscal year. Enter the desired selection criteria and click on ***PROCESS***.

The report data set is \PRS\MCR\RPD55000.RPT.

**Demographic Statistics Report**




The above screen appears after ***Reports*** is selected from the menu bar then ***Client Cases*** and ***Demographic Statistics*** are selected from the drop down lists.

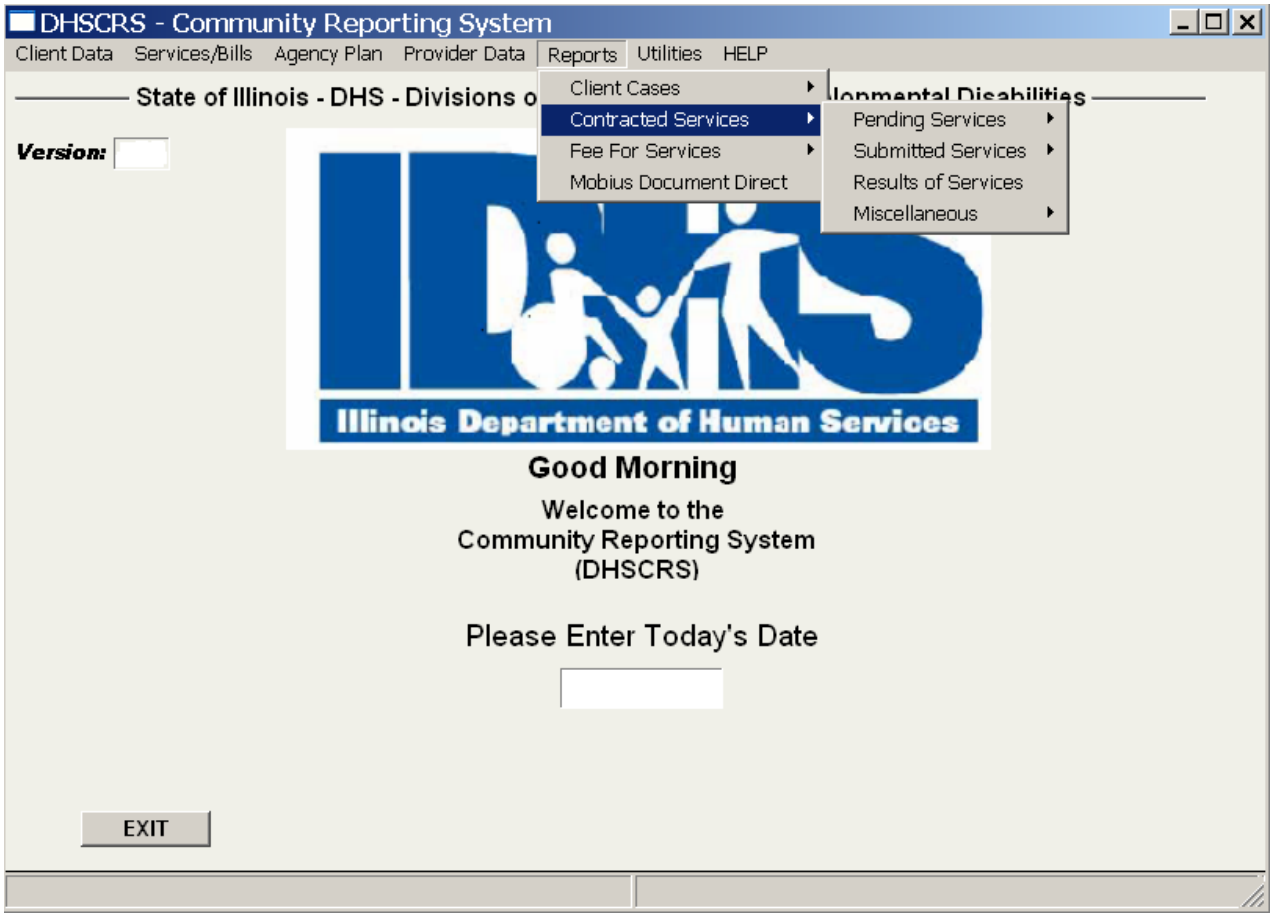
This screen displays the selection options to create a Demographic Statistics report. This report lists demographic statistics by beginning and ending dates for specific site/unit/program codes. Enter the desired selection criteria and click on ***PROCESS***.

The report data set is \PRS\MCR\RPD56T4.RPT. A summary report is contained in the data set \PRS\MCR\RPT56T3.RPT.

The following page lists diagnostic categories and codes that are displayed on the report under the Principal Diagnosis heading. These diagnostic categories are the MHSIP Diagnostic Band as adapted in the Sixteen State Study On Mental Health Performance Measures, Center For Mental Health Services, SAMHSA, May, 2002.

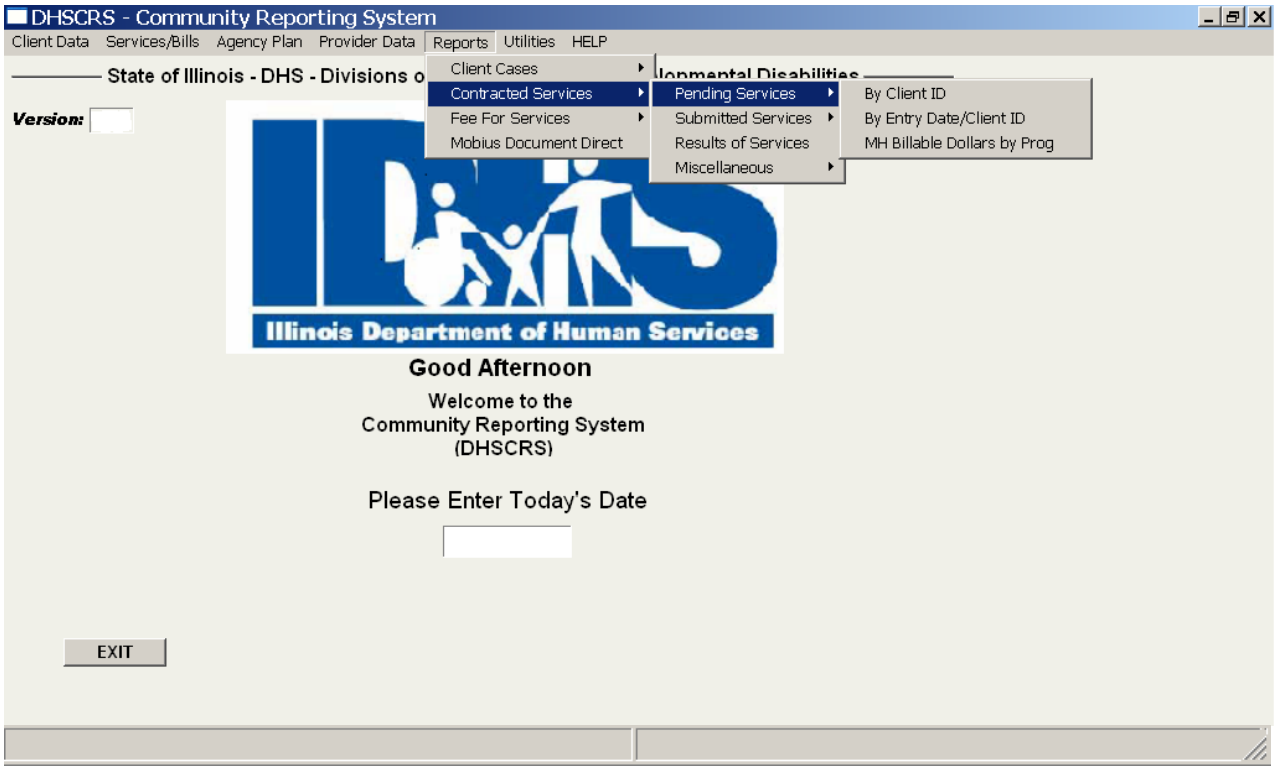
**NOTE:** Numbers displayed under the heading ''Registrations Not Found'' indicates services were found for a client ID without an associated client case registration on file. If this line appears on the report, contact MIS Technical Assistance.

## 9.2 CONTRACTED SERVICES REPORTS




This screen displays the selection process for a series of reports that are available to aid the agency in monitoring the accuracy and status of its ROCS Service Reporting and MH Medicaid Billing records. After selecting ***Reports*** from the Main Menu, select ***Contracted Services*** from the drop down list. The screens on the following pages will then be displayed.

**Pending Services Reports**



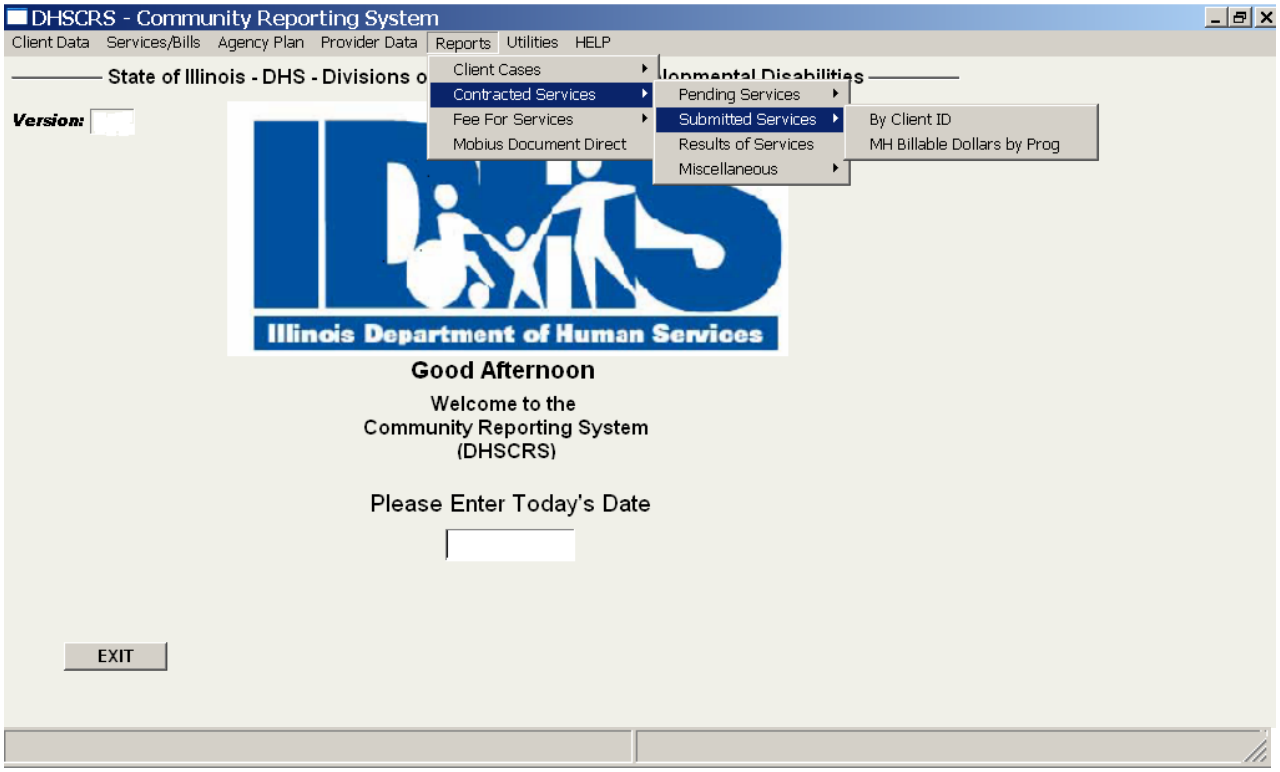

This screen displays the selection process for reports listing all ROCS Service Reporting and/or MH Medicaid billing which were entered into the PC but not yet written to a file for submission (transactions with *UNSUBMITTED* in the STATUS field).

***By Client ID*** - This report selects and lists all services/adjustments to check the accuracy of the data entered by the agency in client ID order. The report data set is \PRS\MCR\SERVSTAA.RPT.

***By Entry Date/Client ID -*** This report selects and lists all services/adjustments to check the accuracy of the data entered by the agency in Client ID and entry date order. This option allows you to limit the selection to what claims/adjustments were entered into the PC on a specific day. The report data set is \PRS\MCR\SERVSTAB.RPT.

***MH Billable Dollars by Prog -*** This reports selects and lists all MH Medicaid Billing claims/adjustments in Program and Activity Code order. The report data set is \PRS\MCR\RMD35100.RPT.

**Submitted Services Reports**

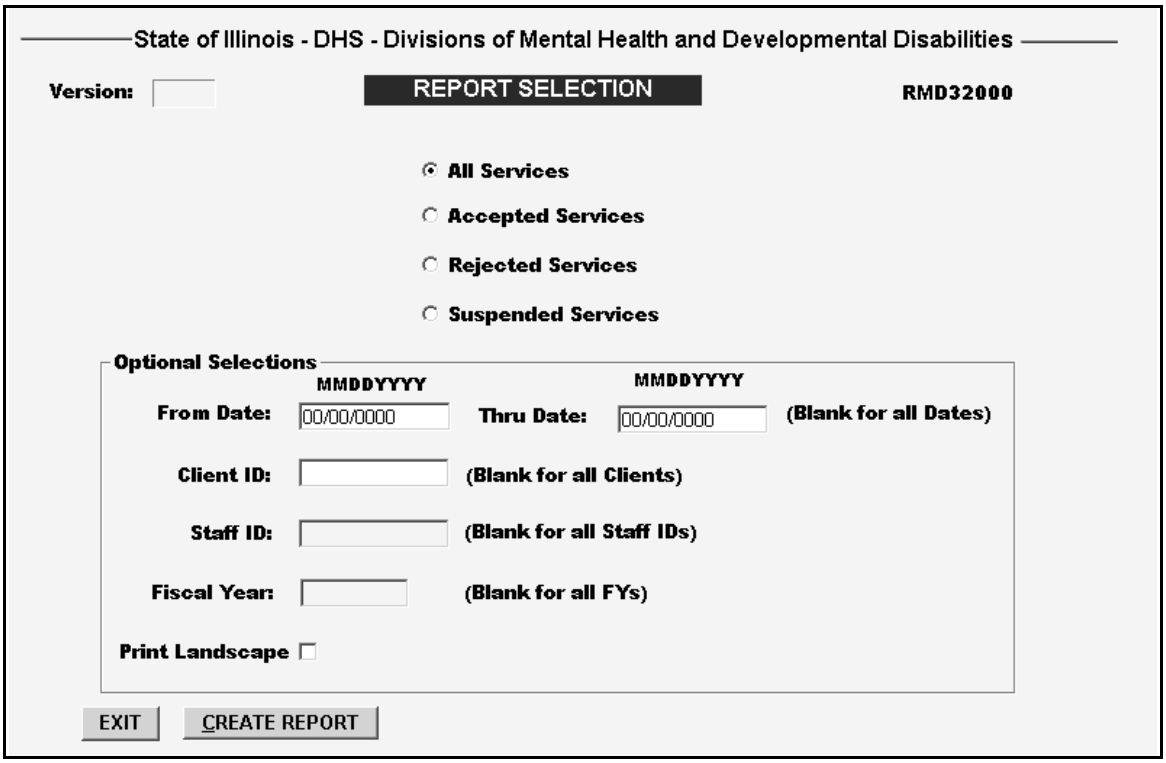



This screen displays the selection process for reports listing all ROCS Service Reporting and/or MH Billing which have been entered into the PC and written to a file for submission to DHS but have not been updated with results from DHS (transactions with *SUBMITTED* in the STATUS field).

***By Client ID*** - This report selects and lists all services/adjustments in Client ID order. The report data set is \PRS\MCR\SERVSTAD.RPT.

***MH Billable Dollars by Prog*** - This report selects and lists a summary of all MH Billing claims/adjustments in program and activity code order and contains the amount billed and the payable amount. The report data set is \PRS\MCR\RMD35100.RPT.

**Results of Services Reports**




The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services*** and ***Results of Services*** are selected from the drop down lists. Records for selection include ROCS Service Reporting and/or Mental Health billing which have been returned by DHS and subsequently updated with the results file (transactions with *ACCEPTED*, *REJECTED* and *SUSPENDED* in the STATUS field). Enter the desired selection criteria and click on ***CREATE REPORT***.

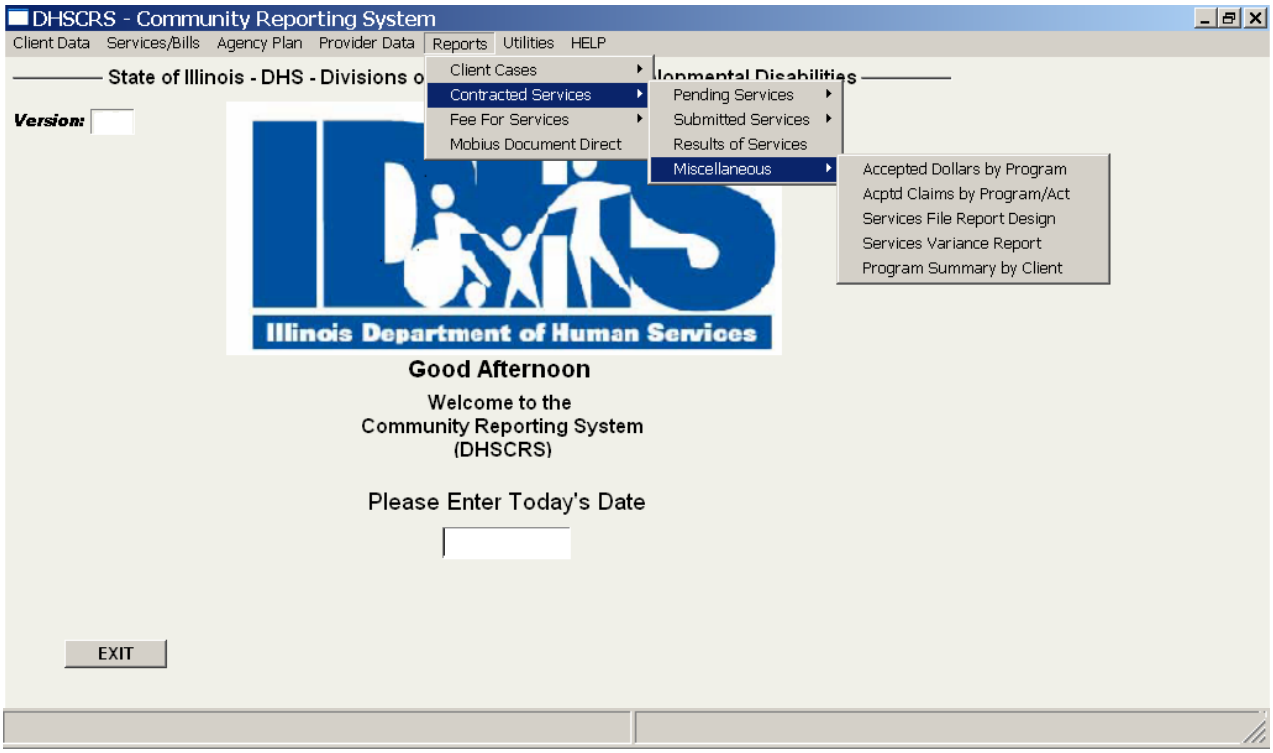
***All Services*** - This report selects and lists all services/adjustments returned by DHS and after the user updated with the results. STATUS field = *ACCEPTED, REJECTED, SUSPENDED*. The report data set is \PRS\MCR\SERVRSLT.RPT.

***Accepted Services*** - This report lists all DHS *ACCEPTED* services/adjustments. The report data set is \PRS\MCR\SERVRSLT.RPT.

***Rejected Services*** - This report lists all DHS *REJECTED* services/adjustments. The report data set is \PRS\MCR\SERVRSLT.RPT.

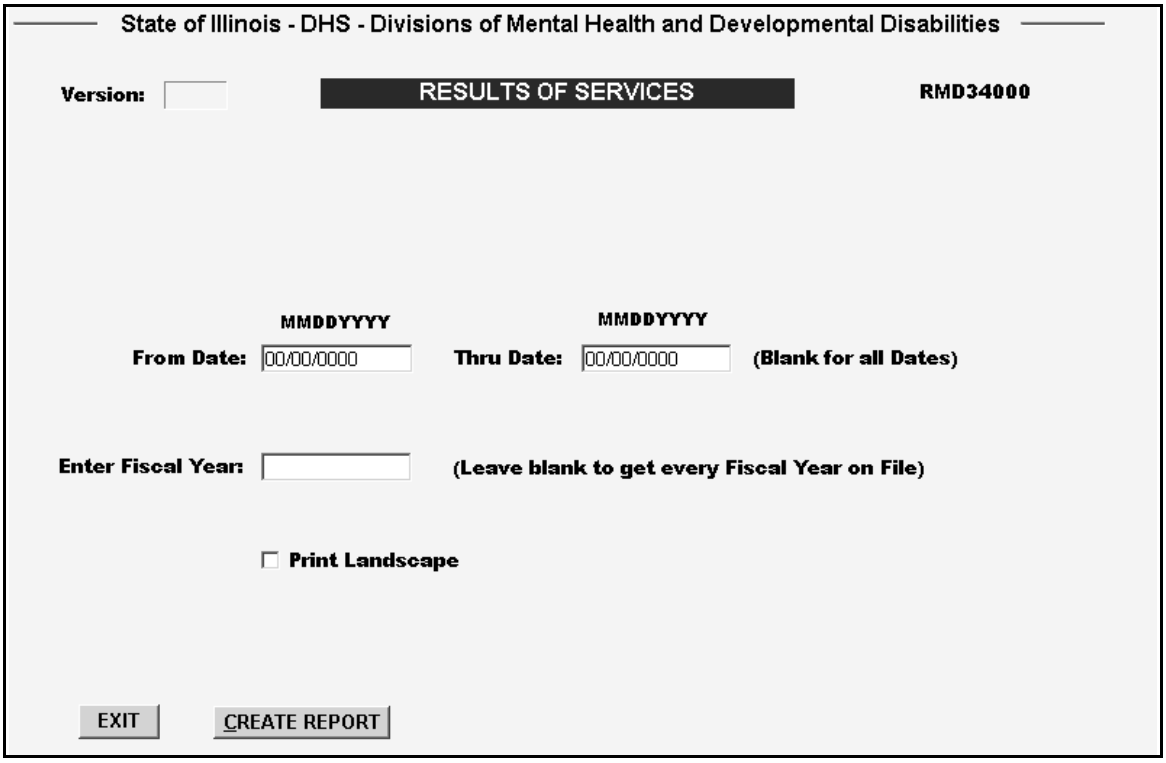
***Suspended Services*** - This report lists all DHS *SUSPENDED* services/adjustments. The report data set is \PRS\MCR\SERVRSLT.RPT.

**Miscellaneous Reports**




This screen displays the selection process for a series of miscellaneous reports that are available to aid the agency in monitoring the accuracy and status of ROCS Service Reporting and/or Mental Health Billing records.

**Accepted Dollars by Program Report**

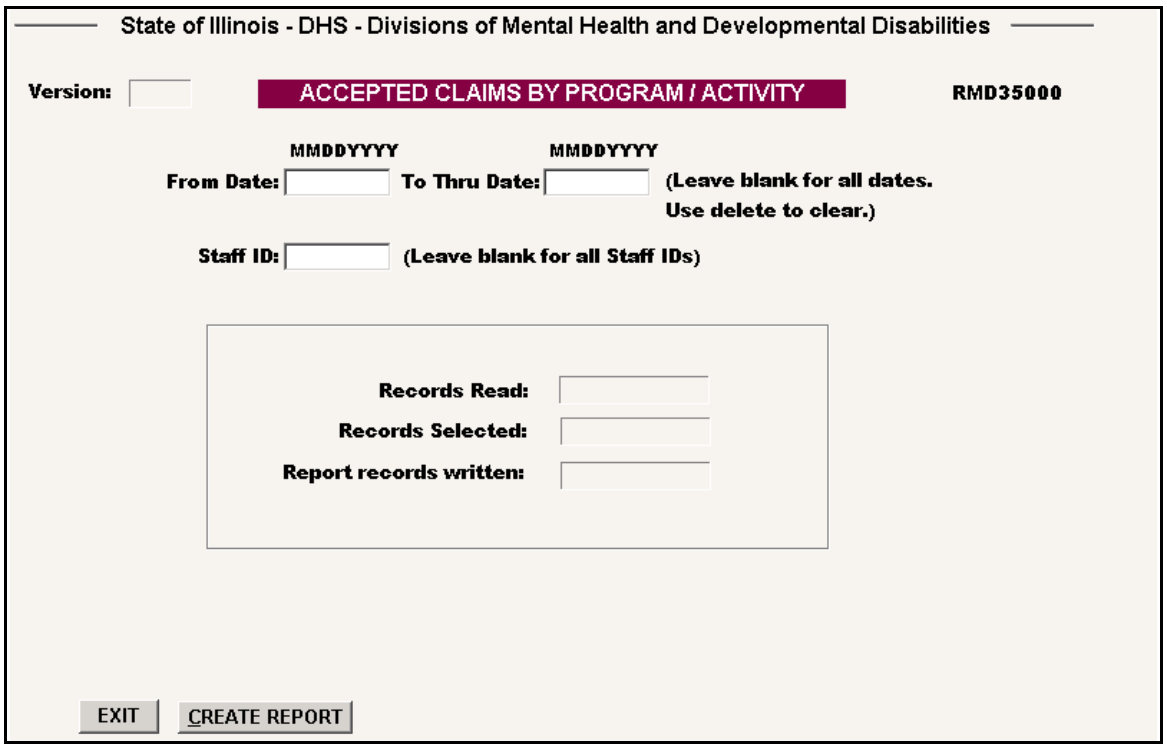



The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services, Miscellaneous*** and ***Accepted dollars by Program*** are selected from the drop down lists.

This report is available to monitor the approved dollars by unit and program code for a specified DHS processing cycle. This report is in fiscal year, approval date, unit, and program order. You may specify a ''From'' and ''Thru'' date (month and year) to limit the report to select only approved transactions that were processed within those dates. You may also restrict this report to a specific fiscal year. Enter the desired selection criteria and click on ***CREATE REPORT***.

The report data set is \PRS\MCR\RPTPROG.RPT.

**Accepted Claims by Program/Activity Report**

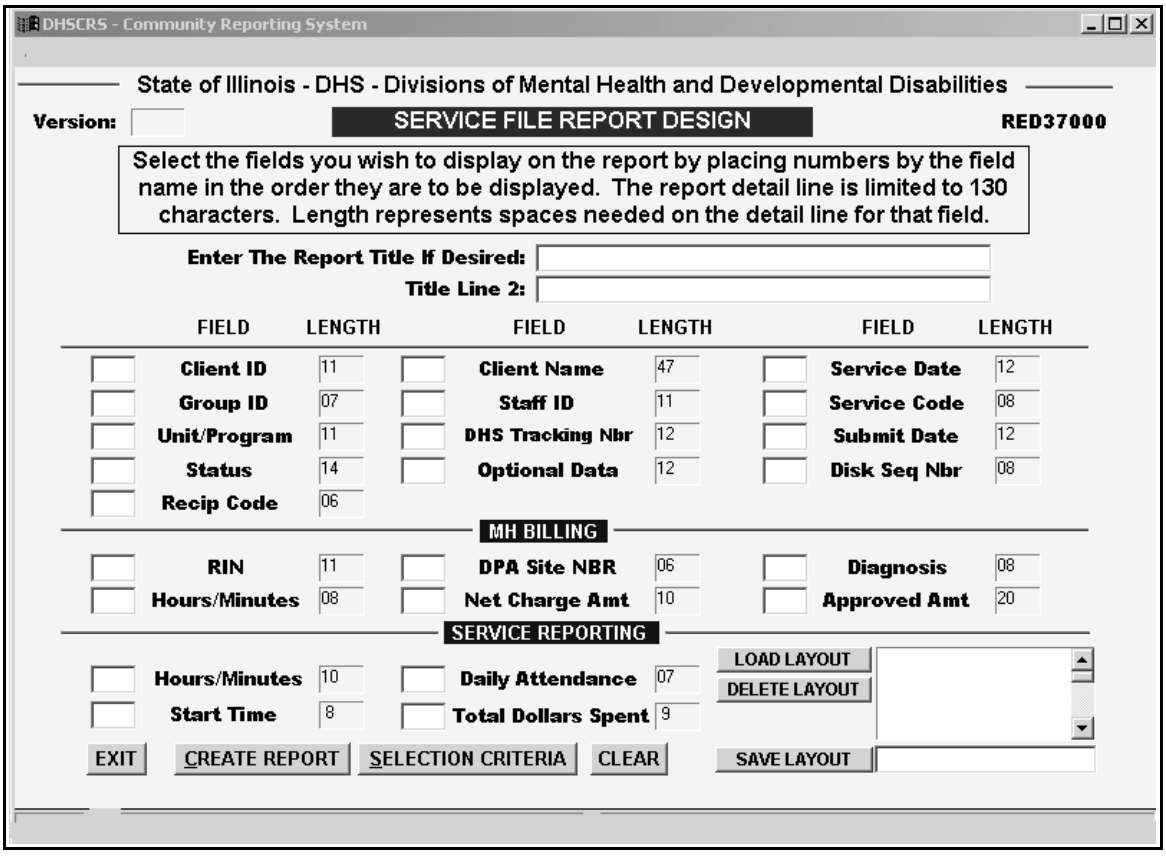



The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services, Miscellaneous*** and ***Acptd Claims by Program/Act*** are selected from the drop down lists.

This report is available to monitor the amount billed and amount paid by program type. This report is in program and service code order. You may specify a ''From'' and ''To'' date (month and year) to limit the report to select only approved transactions that were processed within those dates. You may also restrict this report to a specific fiscal year. Enter the desired selection criteria and click on ***CREATE REPORT***.

The report data set is \PRS\MCR\RMD35000.RPT.

**Services File by Report Design - Page 1**



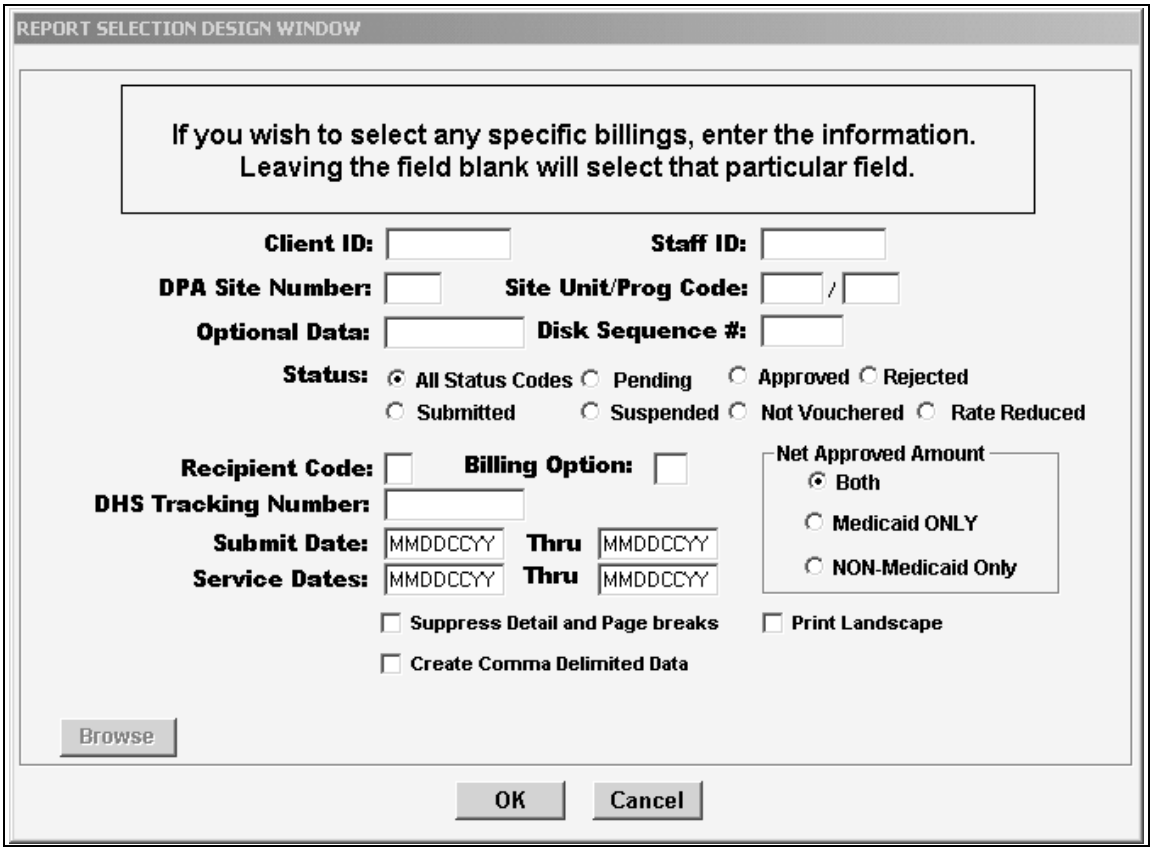

The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services, Miscellaneous*** and ***Service File Report Design*** are selected from the drop down lists.

This report is available to create your own ROCS Service Reporting and/or Mental Health Billing file report. This screen displays fields which may be selected to design your own report containing specific service/billing data.

Specific fields to be displayed may be selected on this screen. After the fields have been selected click on **SELECTION CRITERIA** to display the following screen.

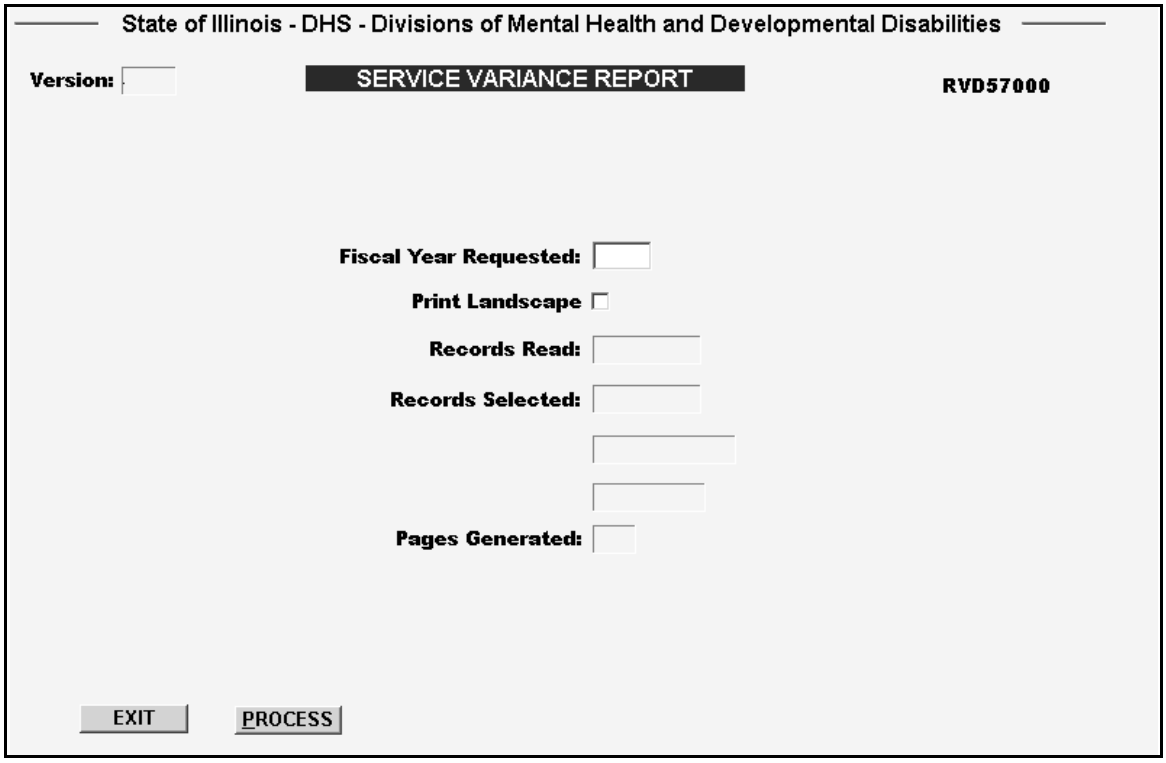
The report data set is \PRS\MCR\RMD37000.RPT.

**Services File by Report Design - Page 2**




This is the second screen for the ***Services File Report Design***. It allows the further selection on specific reporting data. Specific criteria may be selected to limit the information being written to the report. After the criteria has been selected click on **OK**. This will return to the previous screen. Click on **SAVE LAYOUT** and enter a layout name if you choose to save the selected layout for future use. Then click on **CREATE REPORT** to run the report.

**Services Variance Report**

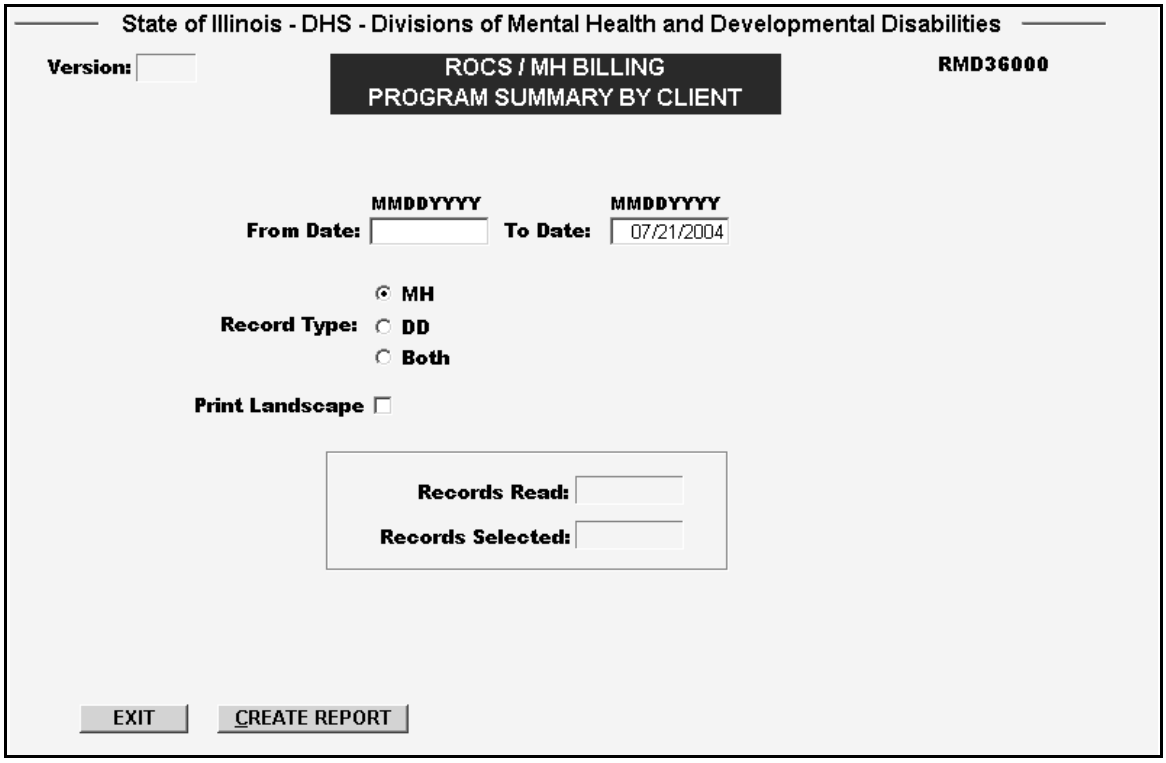



The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services, Miscellaneous*** and ***Services Variance Report*** are selected from the drop down lists.

This report is available to monitor service reporting compliance with the grant agreements negotiated each fiscal year. The variance is based on the key statistic. Enter the desired selection criteria and click on ***PROCESS***.

The report data set is \PRS\ROCS\RVD57000.RPT.

**Program Summary by Client Report**

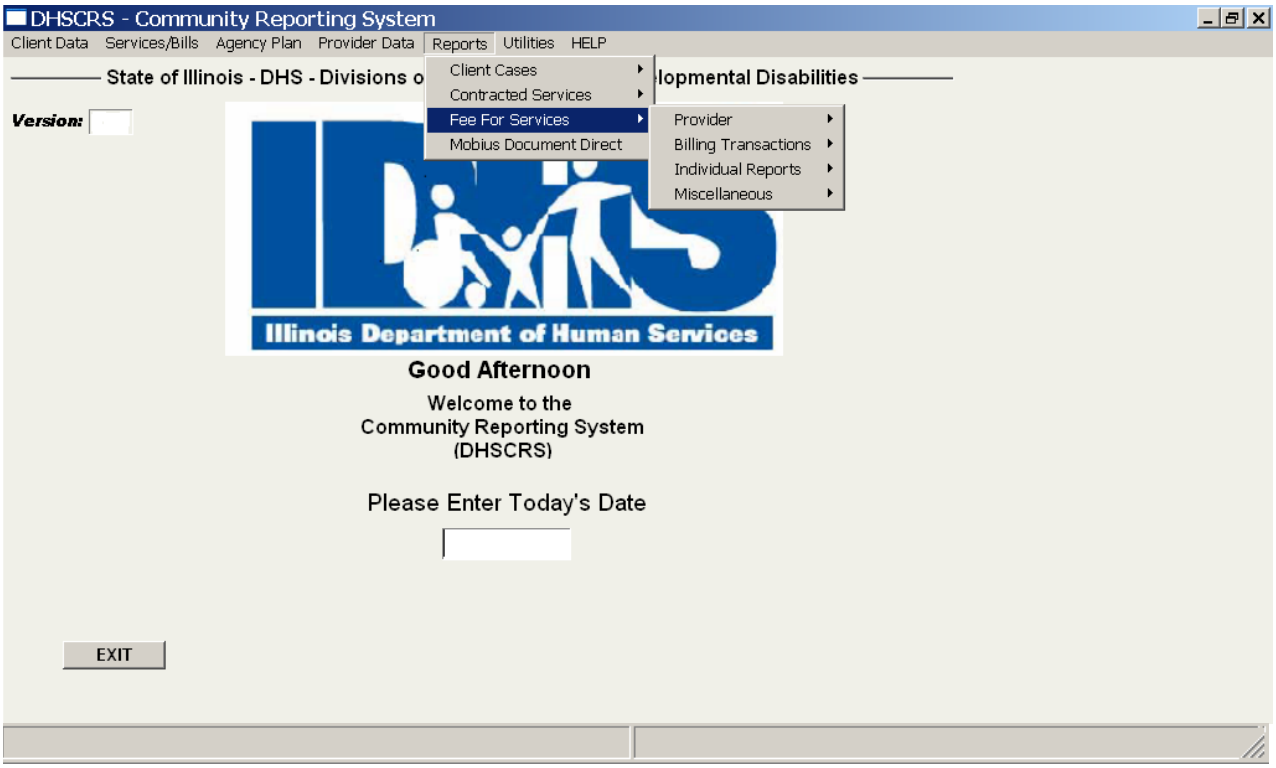



The above screen appears after ***Reports*** is selected from the menu bar then ***Contracted Services, Miscellaneous*** and ***Program Summary by Client*** are selected from the drop down lists.

This report lists a summary by program code for a selected range of service dates, listing the number of clients served and average services per unduplicated clients. Enter the desired selection criteria and click on ***CREATE REPORT***.

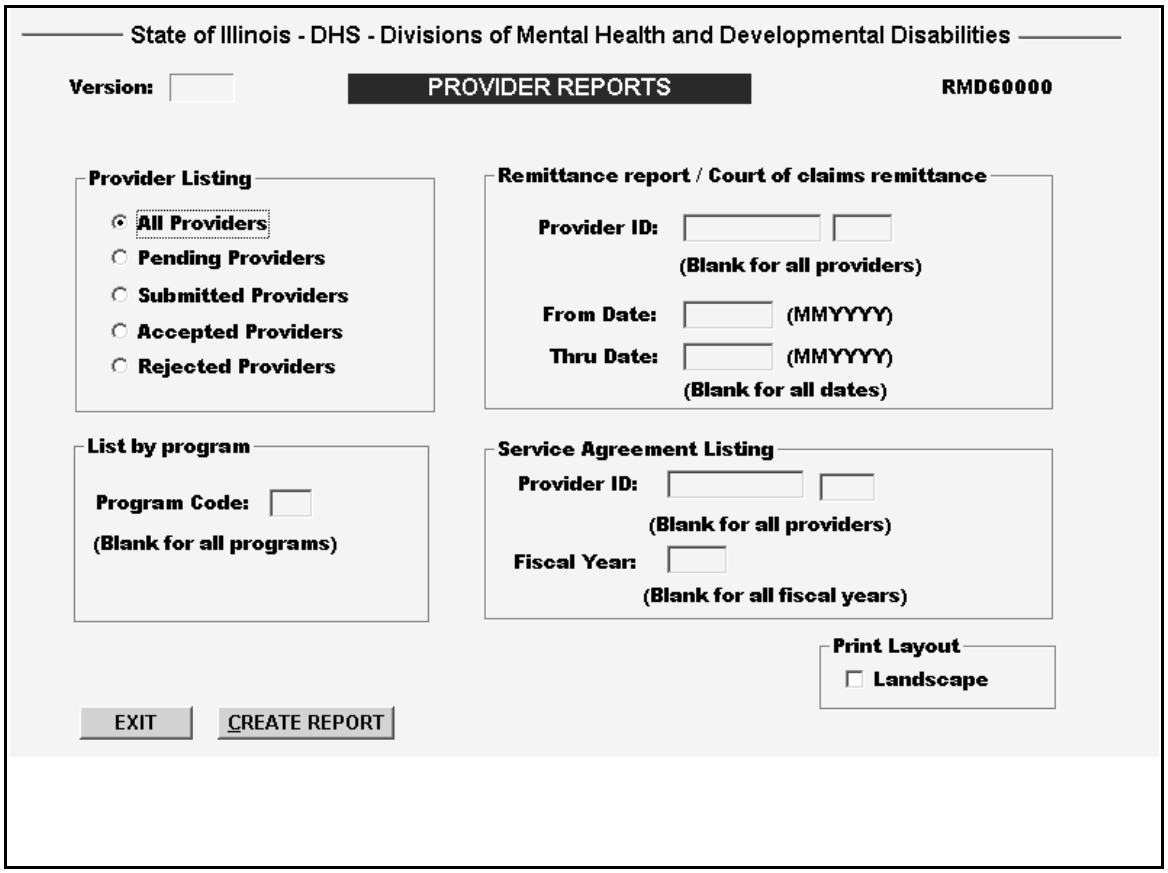
The report data set is \PRS\ROCS\RMD36000.RPT.

## 9.3 FEE FOR SERVICES REPORTS




This screen displays the selection process for a series of reports that are available to monitor Fee For Services data. Several different kinds of reports may be available. Therefore, each type of report may have supplementary screens which assist the operator in selecting the particular kind of report desired from the reports available.

**Provider Reports**




The following pages will contain screens detailing the selection process for the below listed reports.

***Provider Listing -*** This report lists providers alphabetically. The report data set is \PRS\BSS\RSD61000.RPT.

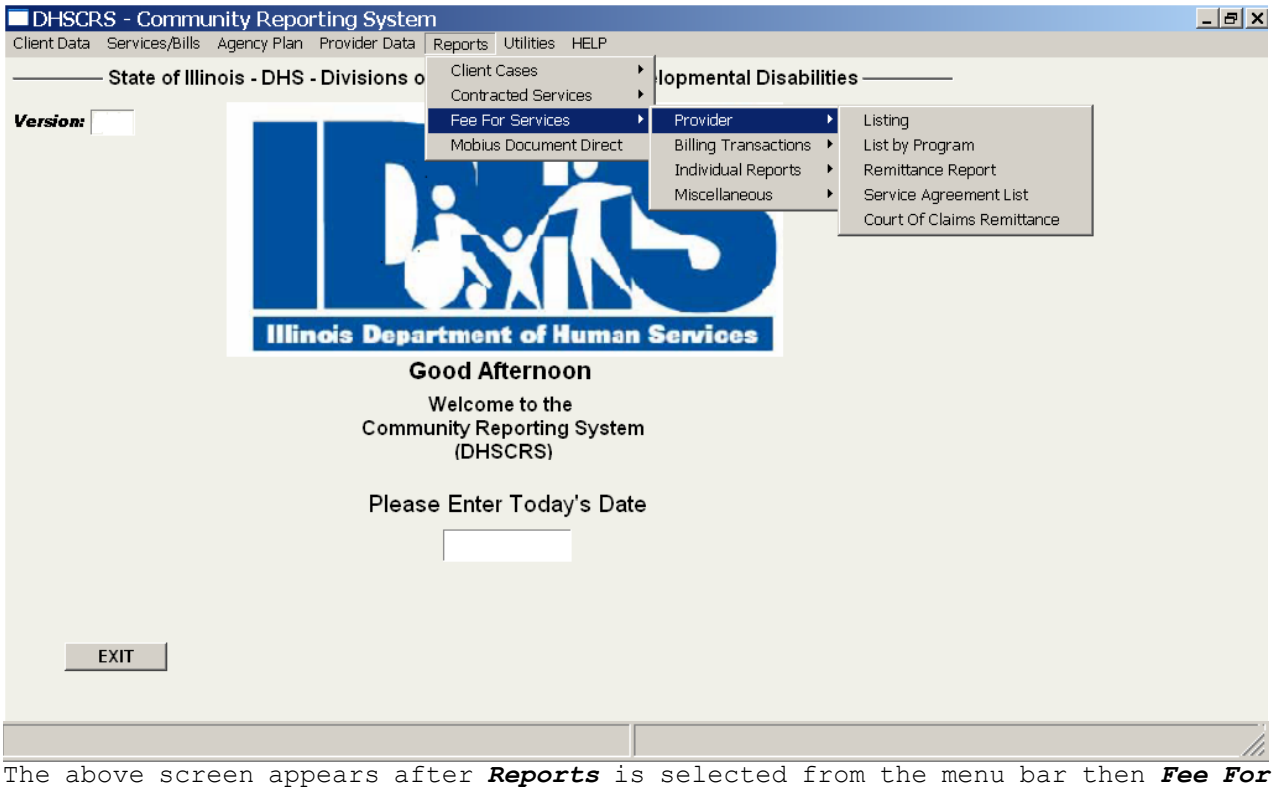
***List by Program -*** This report lists providers alphabetically for a given program. The report data set is \PRS\BSS\RSD62000.RPT.

***Remittance Report -*** This report lists remittances to provider(s) for a particular service date or range of service dates. This report will contain information which has been sent back to the agency via file by DHS after DHS has acted upon the billings submitted to it by the agency and the agency has updated their system with the results file. The report data set is \PRS\BSS\RSD63000.RPT.

***Service Agreement List -*** This report lists all service agreements for provider(s) for a specific fiscal year. The report data set is \PRS\BSS\RSD68100.RPT.

***Court of Claims Remittance -*** This report lists remittances to provider(s) to be processed through Court of Claims processing. The report data set is \PRS\BSS\RSD63000.RPT.

**Provider Reports**




The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services*** and ***Provider*** are selected from the drop down lists.

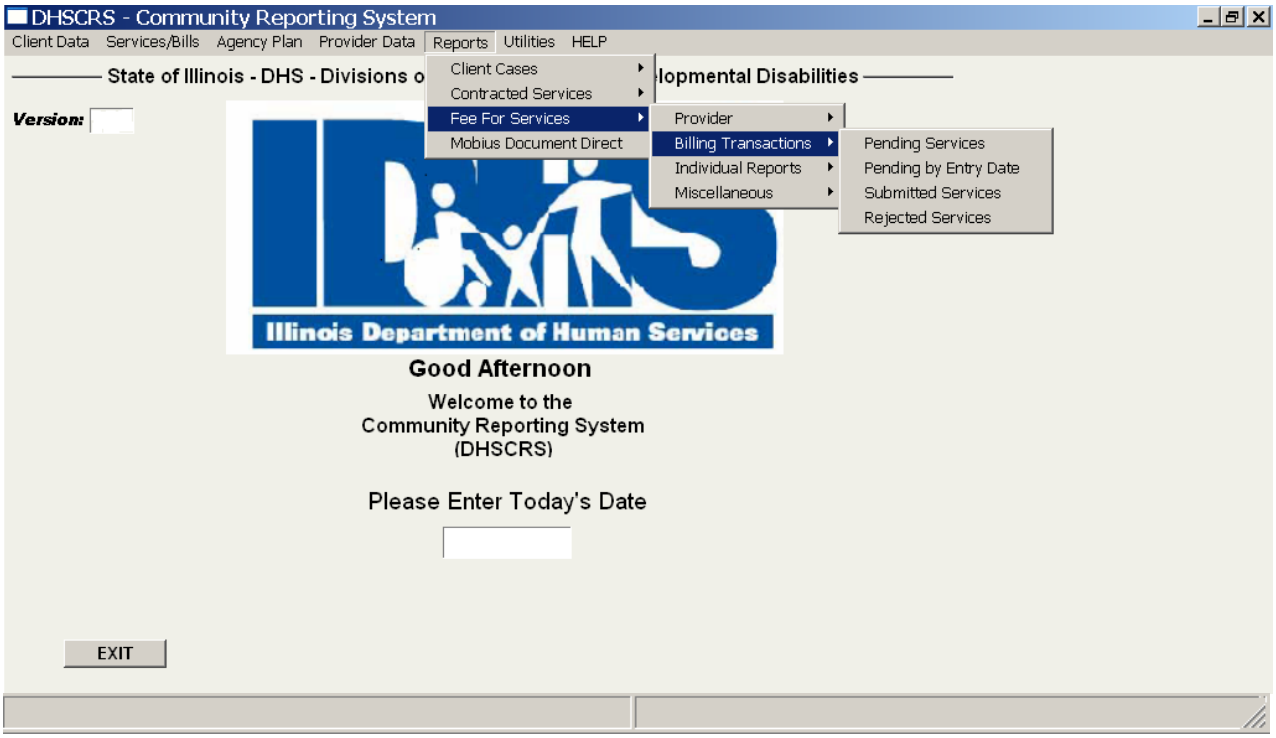
This screen allows for the selection process for the previously mentioned ***Provider*** reports. When the appropriate selections have be made click on ***CREATE REPORT*** to generate the report.

The ***Provider Listing*** may be ran to select:

- ***All Providers -*** This report lists all Providers regardless of the status.
- ***Pending Providers*** - This report lists all Providers whose information has been added, changed in the PC system but not yet written to a file for submission.
- ***Submitted Providers -*** This report lists all Providers whose information has been entered and written to a file for submission, but have not been updated with results.
- ***Accepted Providers -*** This report lists all Providers whose information has been updated with results and accepted by DHS.
- ***Rejected Providers -*** This report lists all Providers whose information has been updated with results and rejected by DHS.

***List by Program*** report, ***Remittance report/Court of claims remittance*** report and ***Service Agreement Listing*** report may all be ran by selecting specific information.

**Billing Transactions Reports**




The following page will contain a screen detailing the selection process for the below listed reports.

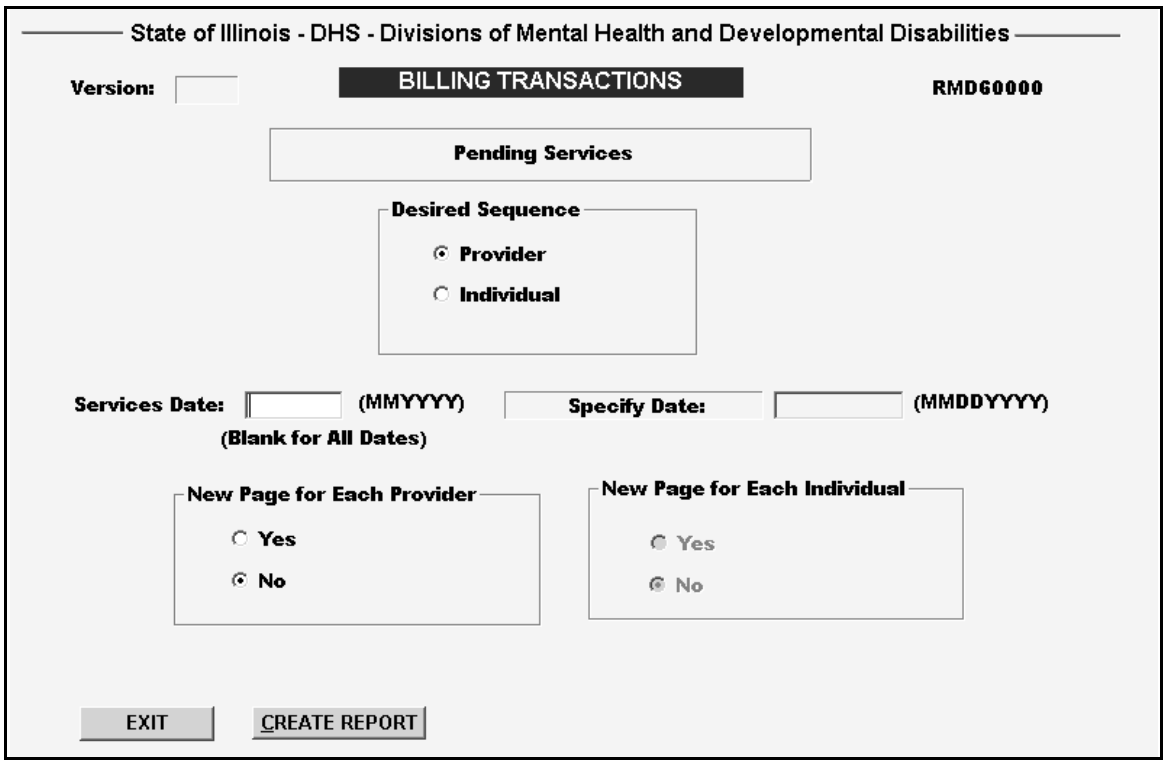
***Pending Services*** - Either by individuals or providers lists services which have been entered by the operator into the agency's system, but which have not yet been sent/transmitted to DHS. The report data set is \PRS\BSS\RSD64000.RPT.

***Pending Services by Entry Date*** - Either by individuals or providers, lists pending services for a specific entry date. The report data set is \PRS\BSS\RSD64000.RPT.

***Submitted Services*** - Either by individuals or providers lists services which have been sent/transmitted to DHS, but which have not yet been acted upon. The report data set is \PRS\BSS\RSD64000.RPT.

***Rejected Services*** - Either by individuals or providers, lists billings rejected by DHS for payment. The report data set is \PRS\BSS\RSD64000.RPT.

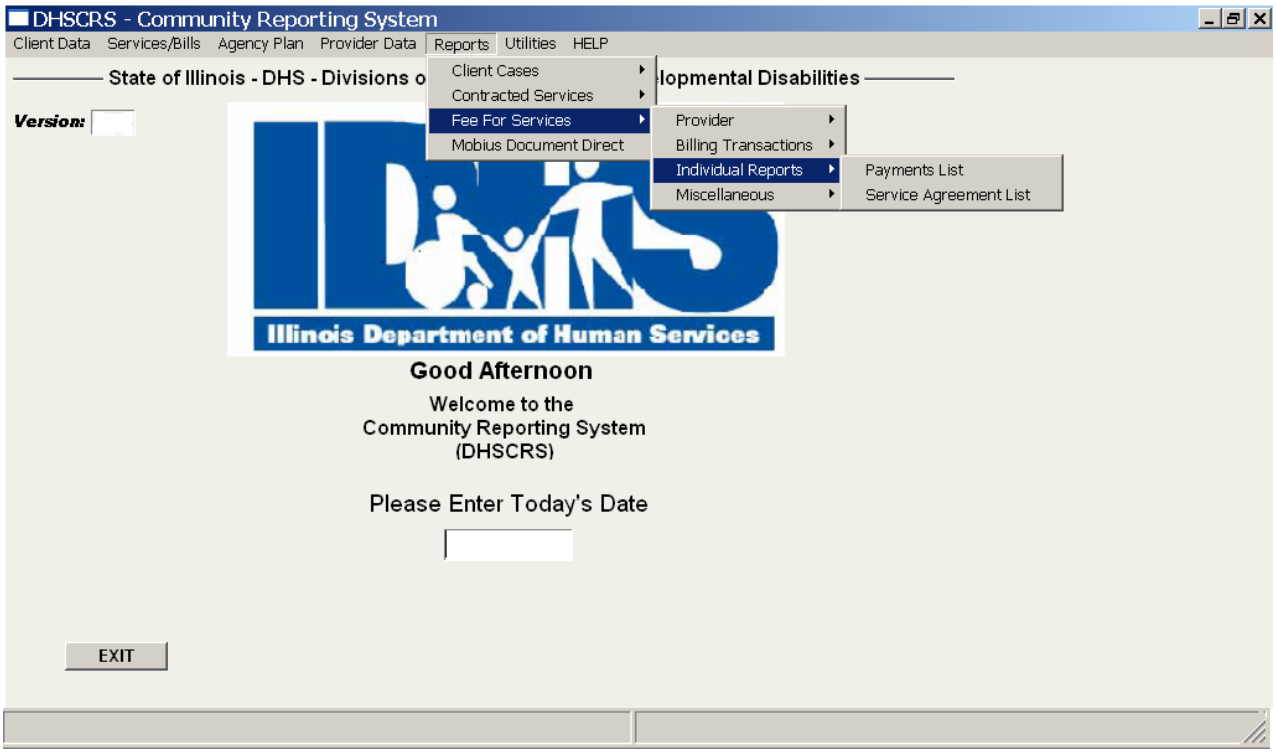
**Billing Transactions Reports**




The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services*** and ***Billing Transactions*** are selected from the drop down lists.

This screen allows for the selection process for the previously mentioned ***Billing Transactions*** reports. The selected report may be ran in either Provider or Individual ID sequence order and for specific service dates. When the appropriate selections have be made click on ***CREATE REPORT*** to generate the report.

**Individual Reports**

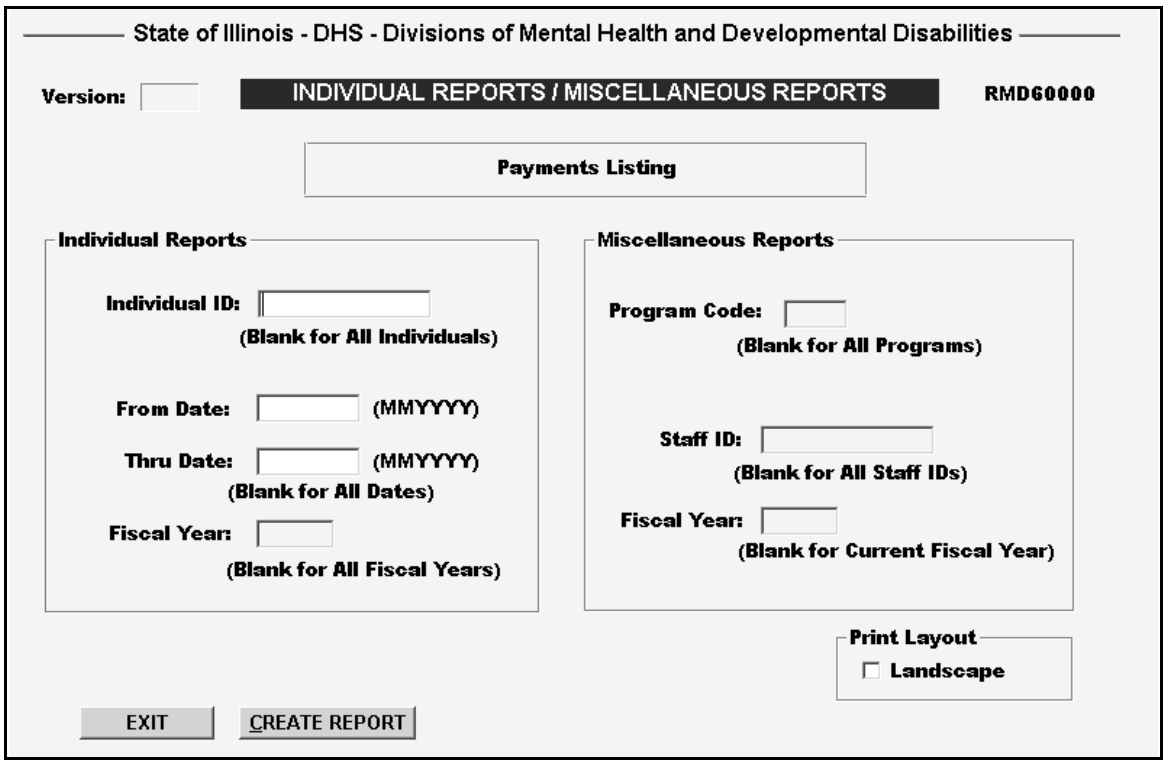



The following pages will contain screens detailing the selection process for the below listed reports.

***Payments List*** - This report lists payments for individuals for a specific service date or range of service dates. Agencies can obtain voucher information (voucher number, voucher date, voucher amount) from this report also. The report data set is \PRS\BSS\RSD65000.RPT.

***Service Agreement List*** - This report lists all service agreements for individuals for a specific fiscal year and produces a summary including the amount billed for each month. The report data set is \PRS\BSS\RSD68000.RPT.

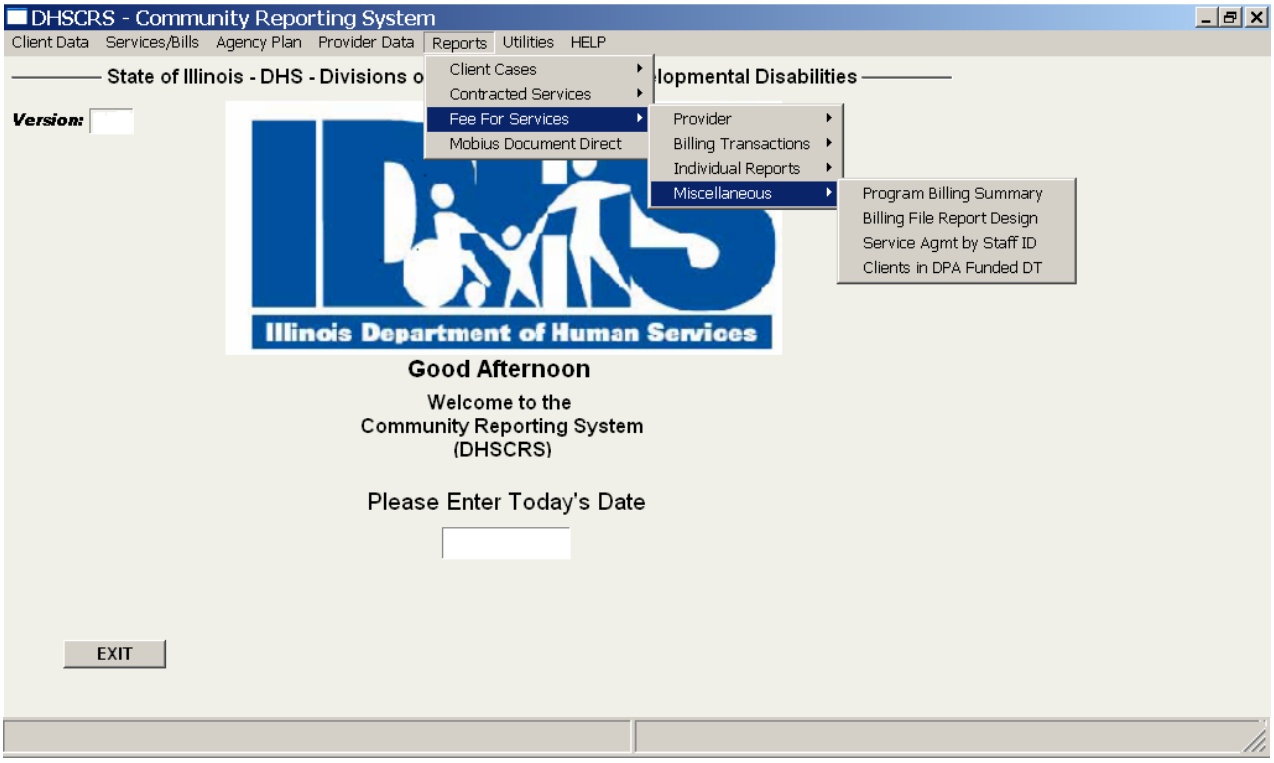
**Individual Reports Selection Screen**




The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services, Individual Reports***, and ***Payments List*** or ***Service Agreement List*** are selected from the drop down lists.

The selected report may be ran for a specific individual or left blank for all individuals. When the appropriate selection has been made click on ***CREATE REPORT*** to generate the desired report.

**Miscellaneous Reports**



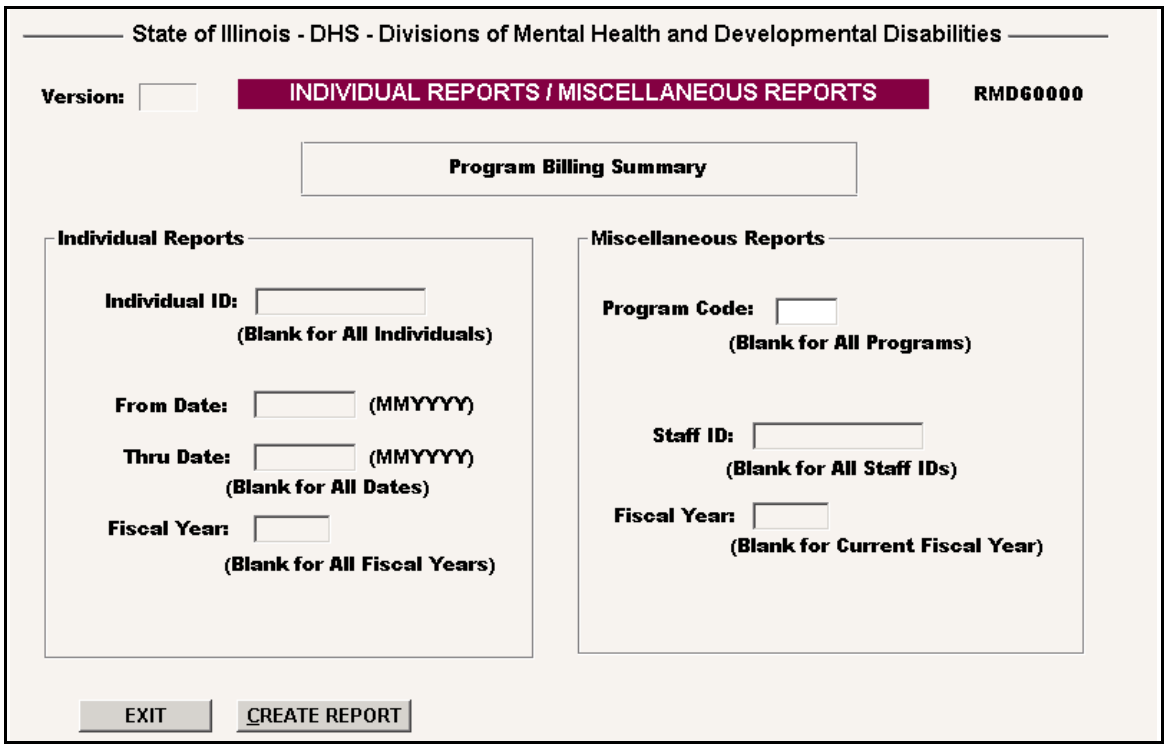

The following pages will contain screen detailed the selection process for the below listed reports.

***Program Billing Summary*** - This report lists all billings by program for each individual.

***Billing File Report Design*** - This report allows the user to select desired information and produce a report in the order they choose.

***Service Agmt by Staff ID*** - This report lists service agreement transactions by staff ID for a specific fiscal year.

***Clients in DPA Funded DT*** - This report lists service agreement transactions for all individuals that are enrolled in DT funded by the Department of Public Aid. When this report is selected, it is automatically created without any additional selection criteria. The report data set is \PRS\BSS\RSD68400.



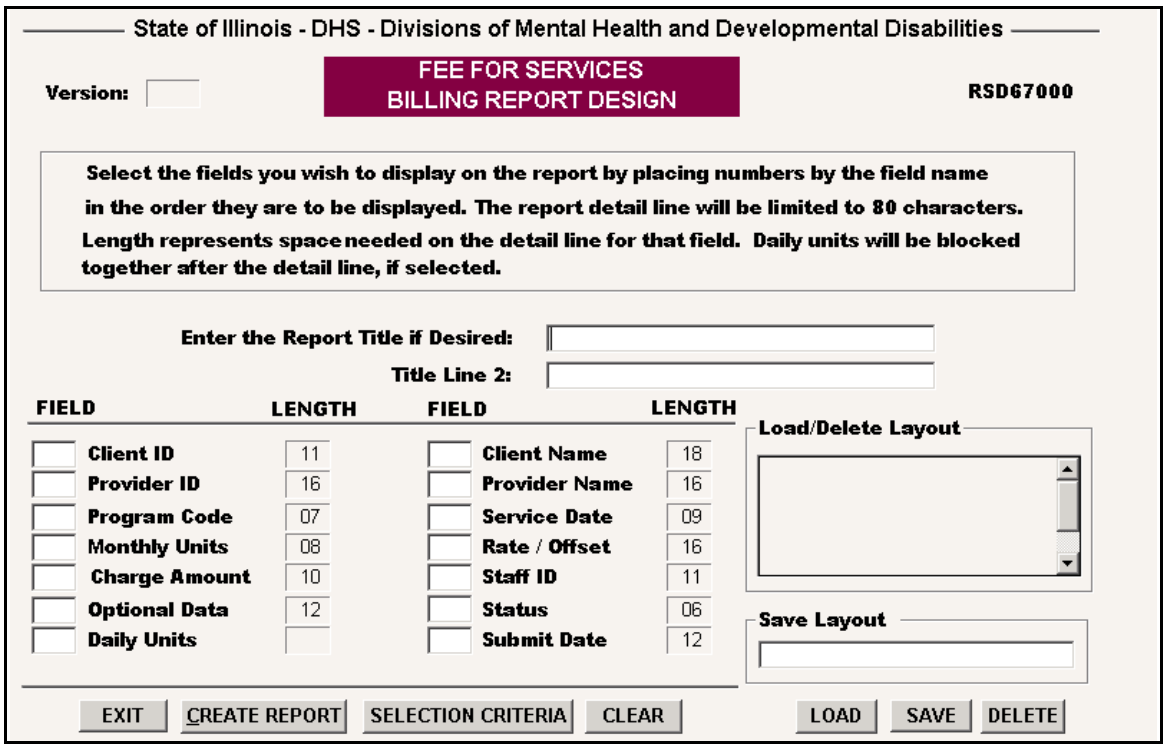

**Program Billing Summary**

The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services, Miscellaneous*** and ***Program Billing Summary*** are selected from the drop down lists.

The selected report may be ran for a specific Program Code or left blank for all programs. When the appropriate selection has been made click on ***CREATE REPORT*** to generate the report.

The report data set is \PRS\BSS\RSD66000.RPT.

**Billing File Report Design - Page 1**



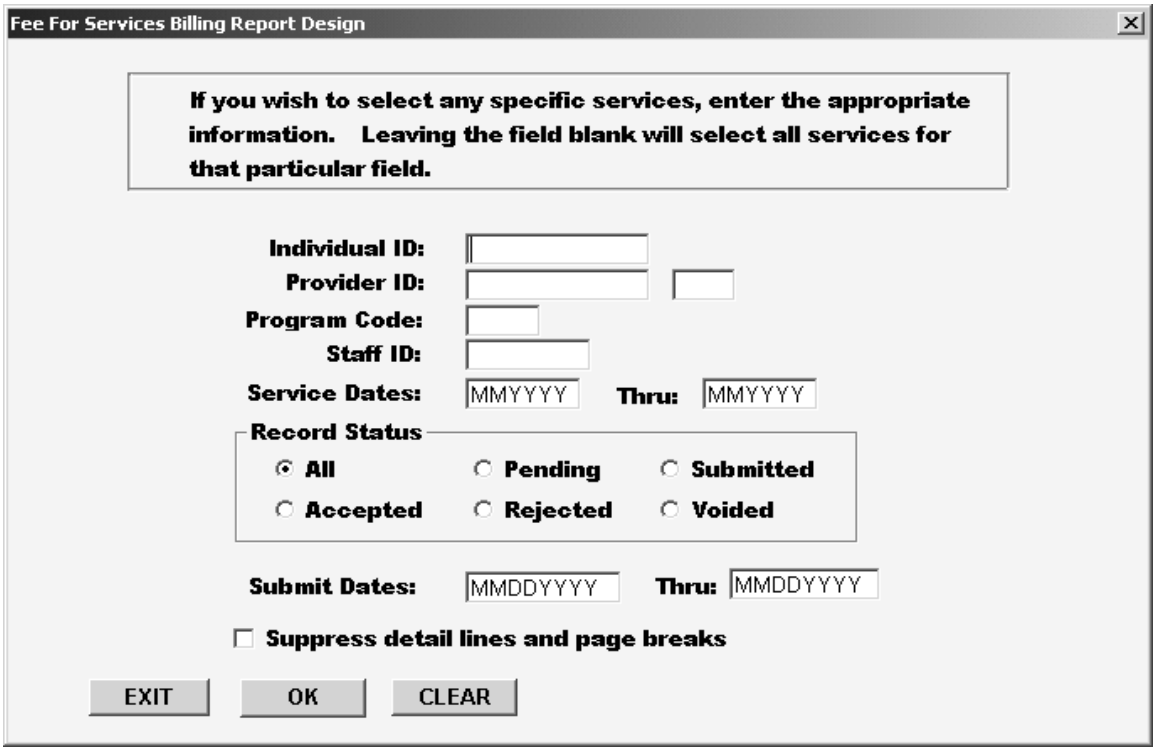

The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services, Miscellaneous*** and ***Billing File Report Design*** are selected from the drop down lists.

This screen displays fields which may be selected to create a report containing specific information on Fee-For-Services billings.

This report is available to create your own Fee For Services reports. Specific fields to be displayed may be selected on this screen. After the fields have been selected click on **SELECTION CRITERIA** to display the following screen.

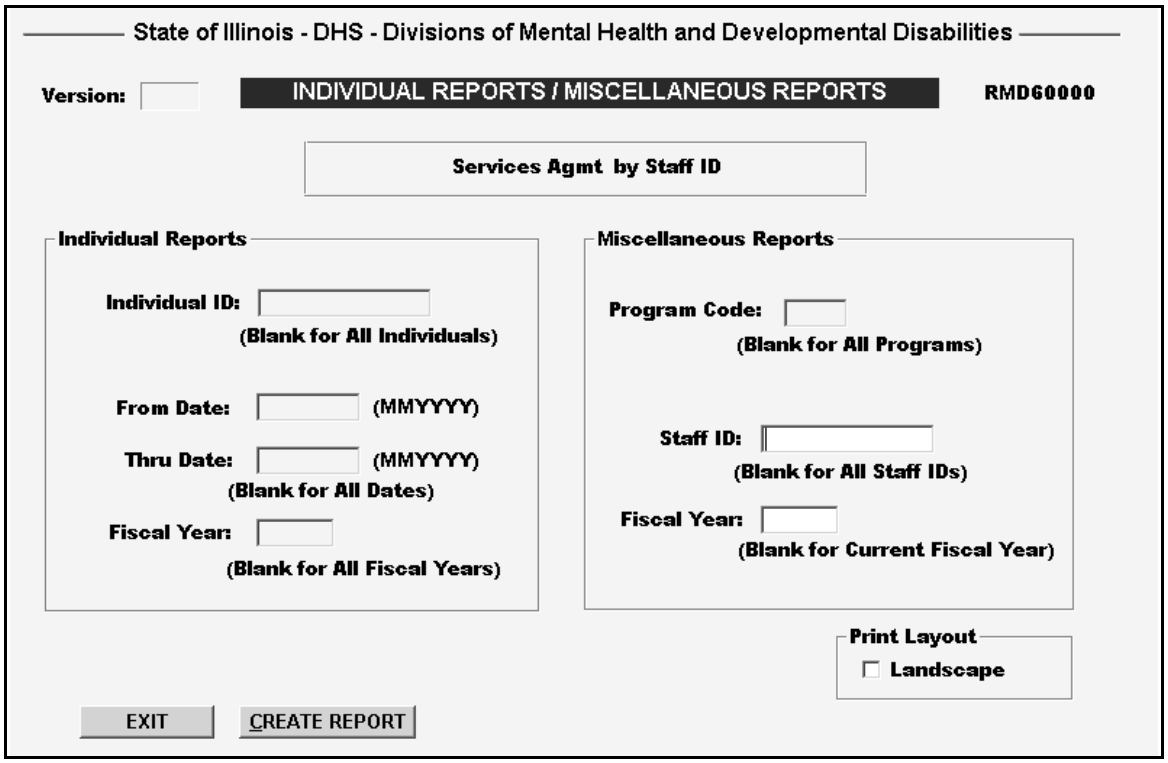
The report data set is \PRS\BSS\RSD67000.RPT.

**Billing File Report Design - Page 2**




This is the second screen for the ***Billing File Report Design***. It allows the further selection on specific reporting data. Specific criteria may be selected to limit the information being written to the report. After the criteria has been selected click on **OK**. This will return to the previous screen. Click on **SAVE LAYOUT** and enter a layout name if you choose to save the selected layout for future use. Then click on **CREATE REPORT** to run the report.

**Service Agreement by Staff ID**



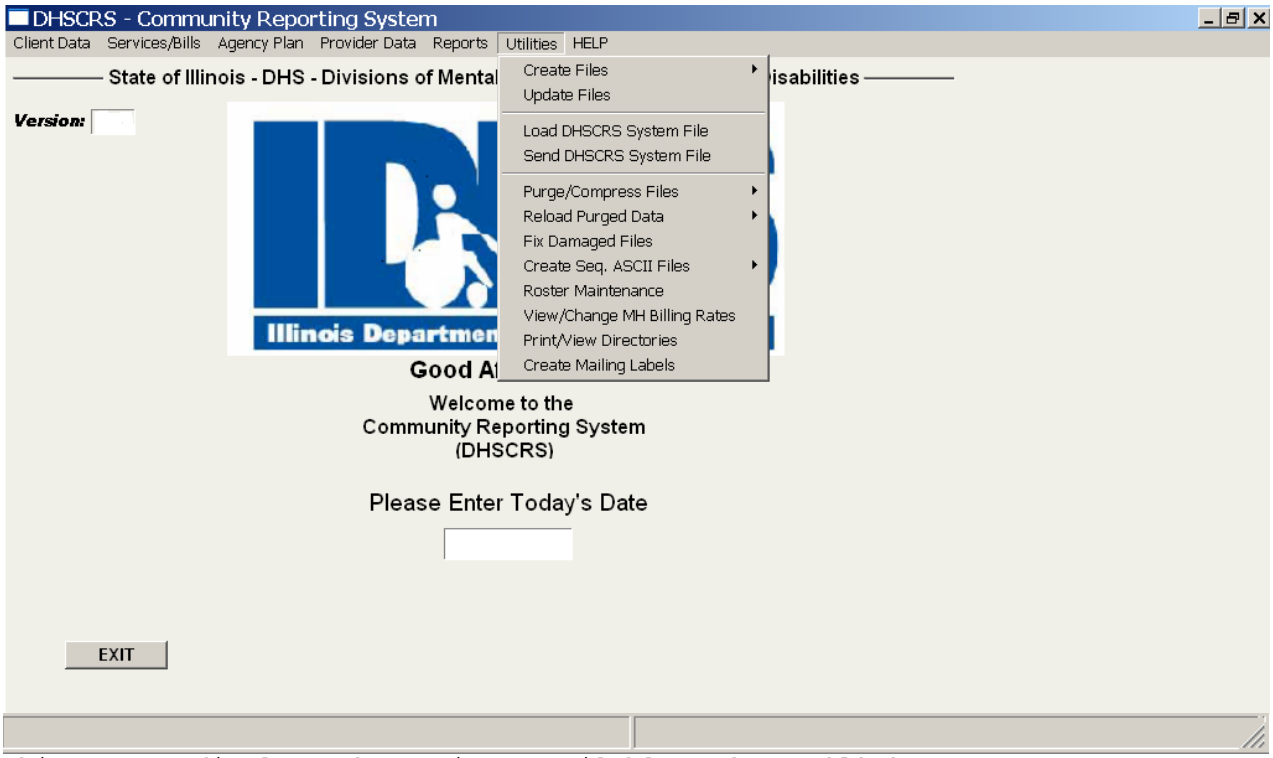

The above screen appears after ***Reports*** is selected from the menu bar then ***Fee For Services, Miscellaneous*** and ***Service Agmt by Staff ID*** are selected from the drop down lists.

The above screen allows for the selection process for the previously mentioned ***Service Agmt by Staff ID*** report. The selected report may be ran for a specific Staff ID or Fiscal Year or the fields may be left blank to select for all Staff or for all Fiscal Years. When the appropriate selection has been made click on ***CREATE REPORT*** to process the report.

The report data set is \PRS\BSS\RSD68300.RPT.

**SECTION 10**

**UTILITIES**



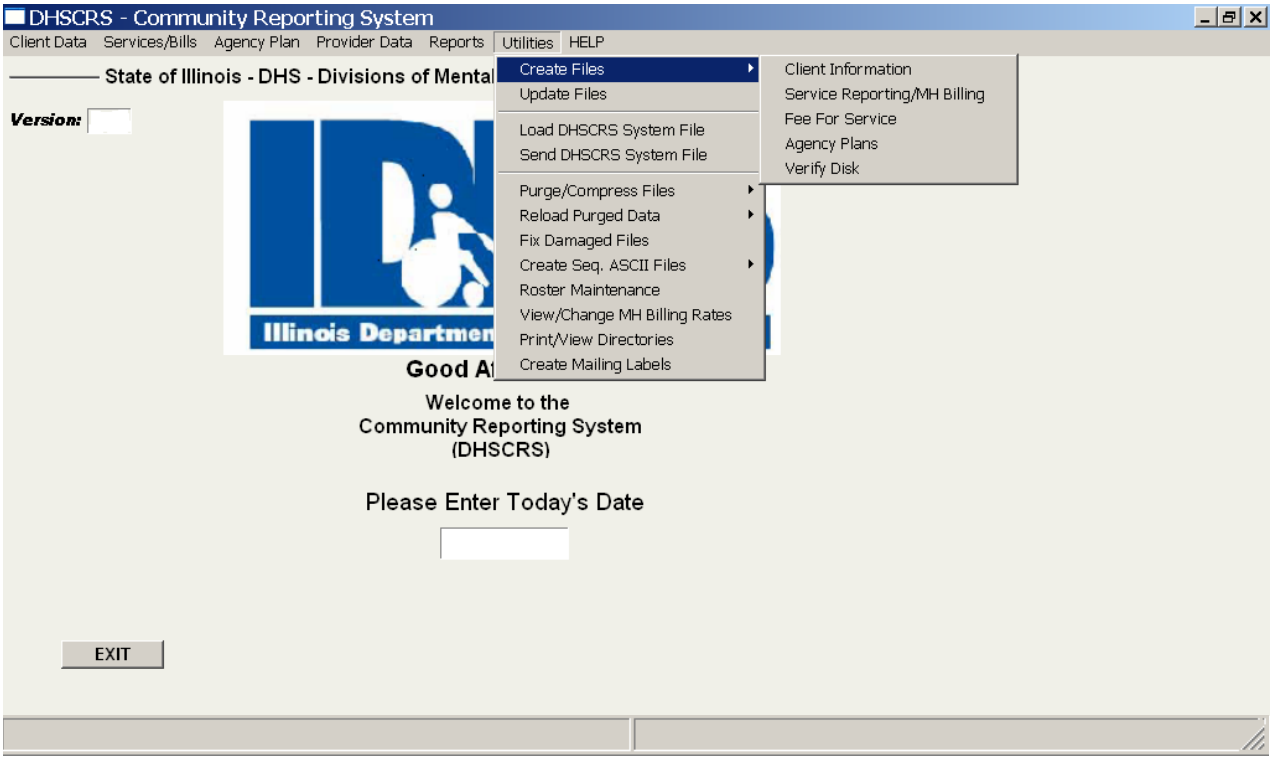

This screen displays the options available under ***Utilities***.

| | |
|---|---|
| ***Create Files*** | Prepares files for data submission to DHS. |
| ***Update Files*** | Updates the PC files with results from DHS processing. |
| ***Load DHSCRS System File*** | Allows a provider to quickly load a compressed system file sent by DHS. |
| ***Send DHSCRS System File*** | Allows a provider to quickly send a compressed system file using a proprietary compression method directly to the DHS mail server by Provider/Claims. |
| ***Purge/Compress Files*** | Releases storage space on the hard drive by deleting records and compressing the remaining records on the file. |
| ***Reload Purged Data*** | Reloads ROCS Service Reporting and Mental Health Billing data onto your computer. |

| | |
|---|---|
| ***Fix Damaged Files*** | Fixes damaged files at your computer site. |
| ***Create Seq. ASCII Files*** | Creates ASCII sequential files from DHSCRS databases that can be imported into user applications. |
| ***Roster Maintenance*** | Allows creation of ''Rosters'' for service programs whose population is static over a period of months. After a roster is established, all the ID's for a given roster may be brought to the screen by keying a two-digit Roster ID. |
| ***View/Change MH Billing Rates*** | Allows for viewing or changing of MH Medicaid rates. |
| ***Print/View Directories*** | Prints contents of DHSCRS directories to assure all directories are present and that files are current on your computer. |

## 10.1 CREATE FILES FOR SUBMISSION TO DHS

**Create Files Menu**




When all individual information, service reporting, service reporting, adjustments, and/or billings have been entered for a reporting period, the files should be created for submission to DHS.

These following options are available under ***Create Files***.

| | |
|---|---|
| ***Client Information*** | Creates client case registration information transaction files. |
| ***Service Reporting/MH Billing*** | Creates ROCS Service Reporting/MH billing services and/or adjustments transaction files. |
| ***Fee For Service*** | Creates Fee for Services transaction files. |
| ***Agency Plans*** | Creates Agency Plan transaction file. |

***File Transfer Protocol (FTP) Secure Submissions using TLS***

Community providers must register with the Department of Human Services (DHS), Management Information Services, in order to submit their information to the department using FTP. Registration information can be found at www.dhs.state.il.us/page.aspx?item=32575
Refer to Appendix J for registration information and file transfer instructions.)

***Production Schedule***

Production files are processed on the following schedule:

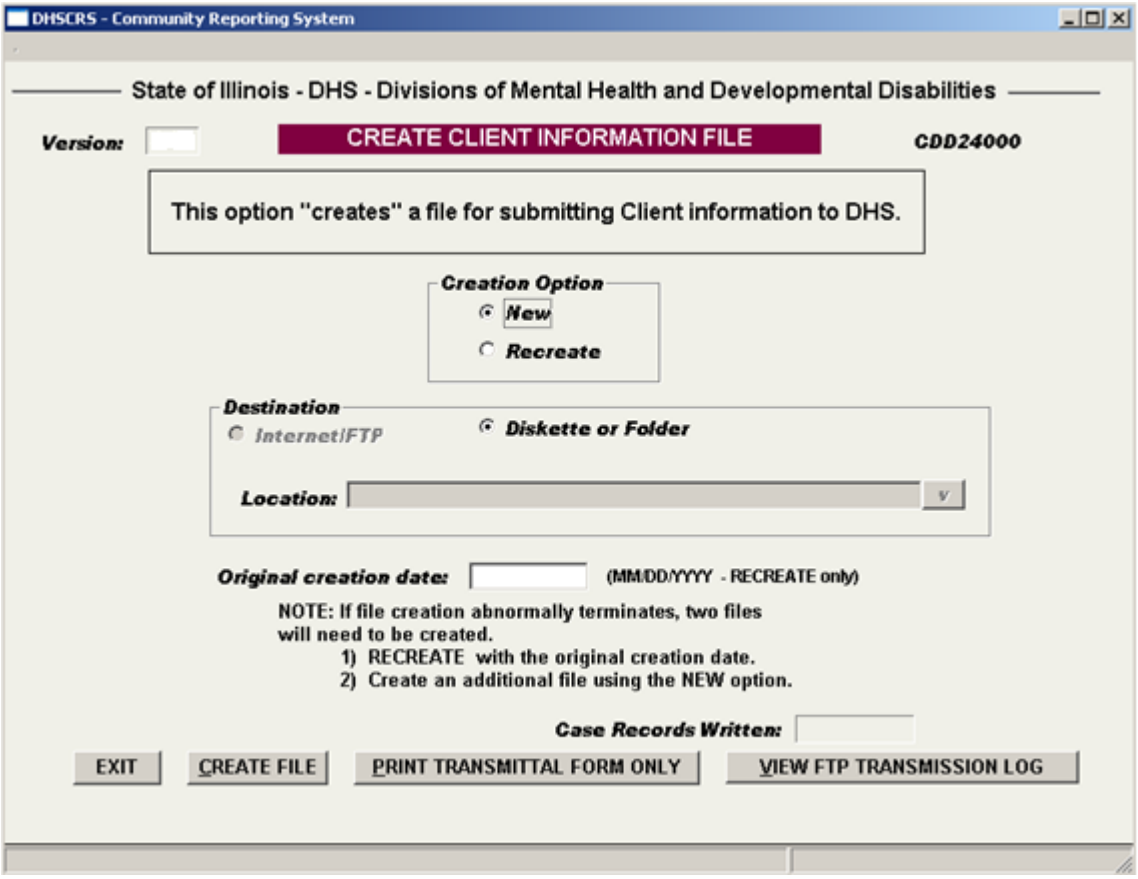
- Case Registration Information is processed weekly.
- Service Reporting/Mental Health Billing Information is processed twice a month - the 2nd and 4th Tuesdays of each month.
- Fee For Service Provider, Client Financial Information, and Fee For Service Billing Information are processed weekly.

The cut-off for all FTP files is Monday of each week, at 5:00 p.m. Multiple FTP file submissions will be accepted for a production schedule.

If the production file is received after the cutoff date, it will be held and processed with the following cycle.

## 10.1.1 CLIENT REGISTRATION INFORMATION

**Create Client Information File**




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Files*** and ***Client Information*** are selected from the drop down lists.
To create a file for submission to DHS:

- For a normal original request to create a file, select ***N (New)*** for the **Creation Option**, and click the appropriate destination radio button. **DO NOT ENTER THE ORIGINAL CREATION DATE**.

- If the original file creation abnormally terminates, two files will need to be created.

  1) Select ***R (Recreate)*** for the **Creation Option** and enter the **Original Creation Date**.

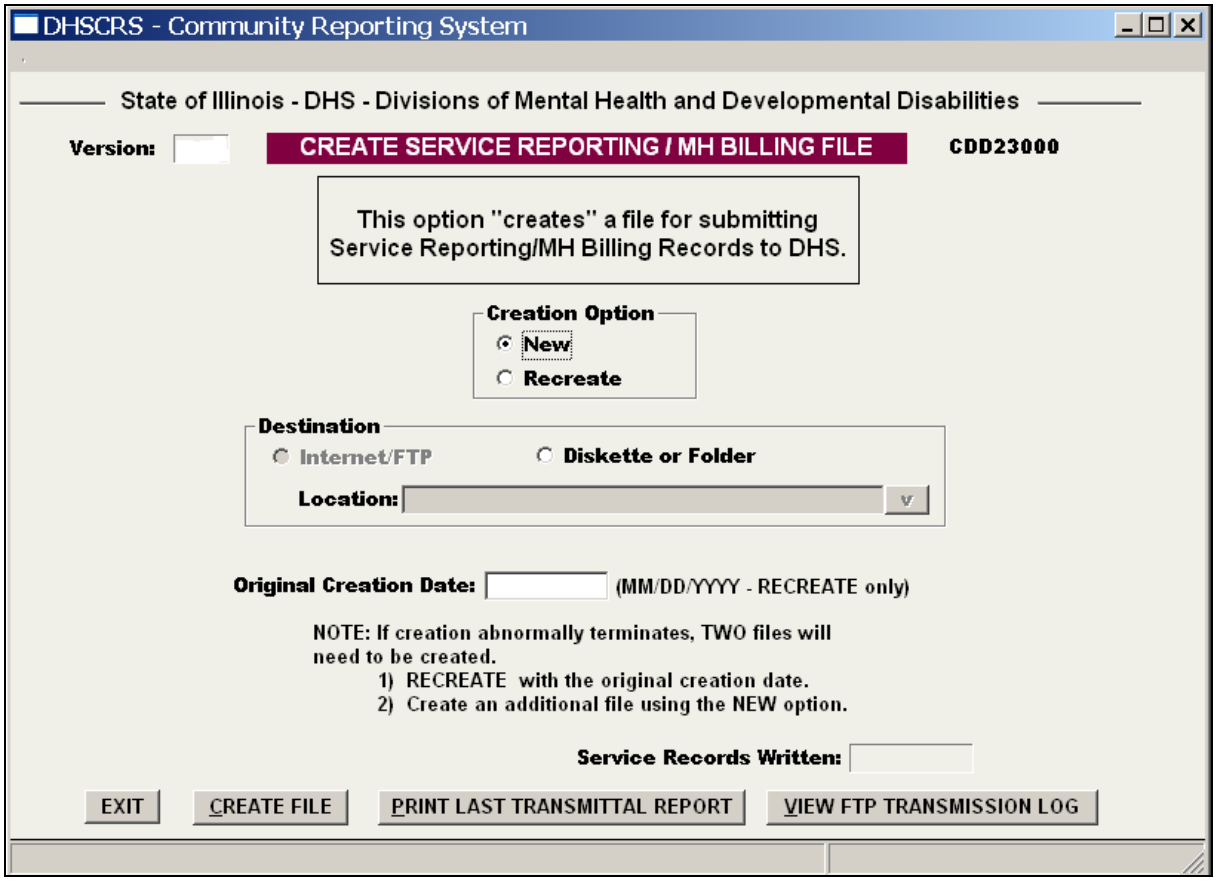
  2) Create an additional file using the ***N (New)*** option and no date.

Click on ***PRINT TRANSMITTAL FORM ONLY*** to print a transmittal form to be signed and submitted with the file submission.

Click on ***VIEW FTP TRANSMISSION LOG*** to print/view a report detailing the specific files which have been transmitted by the FTP process to DHS.

### 10.1.2 SERVICE REPORTING/MENTAL HEALTH BILLING

ROCS Service Reporting/Mental Health Billing




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Files*** and ***Service/Mental Health Billing*** are selected from the drop down lists.

To create a file for submission to DHS:

- For a normal original request to create a file, select ***N (New)*** for the **Creation Option**, and click the appropriate destination radio button. **DO NOT ENTER THE ORIGINAL CREATION DATE**.

- If the original file creation abnormally terminates, two files will need to be created.

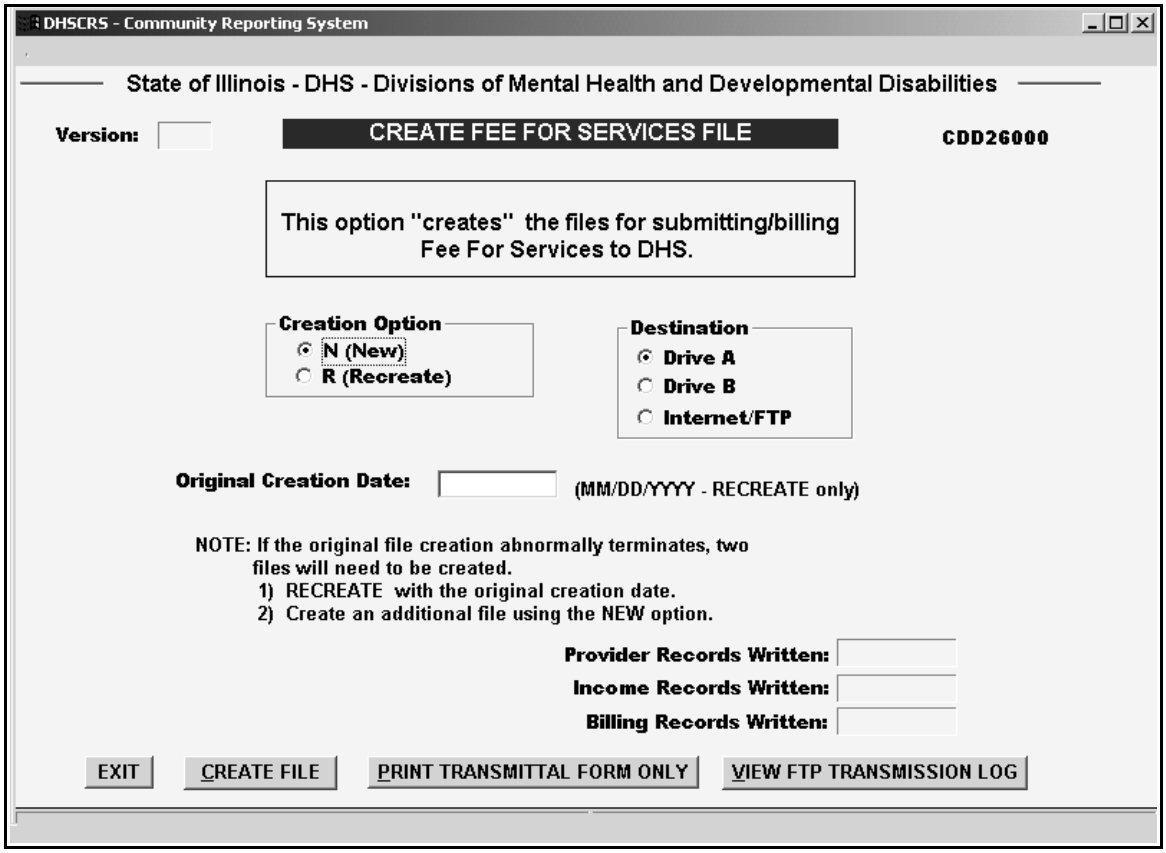
  1) Select ***R (Recreate)*** for the **Creation Option** and enter the **Original Creation Date.**

  2) Create an additional file using the ***N (New)*** option and no date.

Click on ***PRINT TRANSMITTAL FORM ONLY*** to print a transmittal form to be signed and submitted with the file submission.
Click on ***VIEW FTP TRANSMISSION LOG*** to print/view a report detailing the specific files which have been transmitted by the FTP process to DHS.

### 10.1.3 FEE FOR SERVICE BILLING

Fee For Service




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Files*** and ***Fee For Services*** are selected from the drop down lists.

To create a file for submission to DHS:

- For a normal original request to create a file, select ***N (New)*** for the **Creation Option**, and click the appropriate **destination** radio button. **DO NOT ENTER THE ORIGINAL CREATION DATE**.

- If the original file creation abnormally terminates, two files will need to be created.

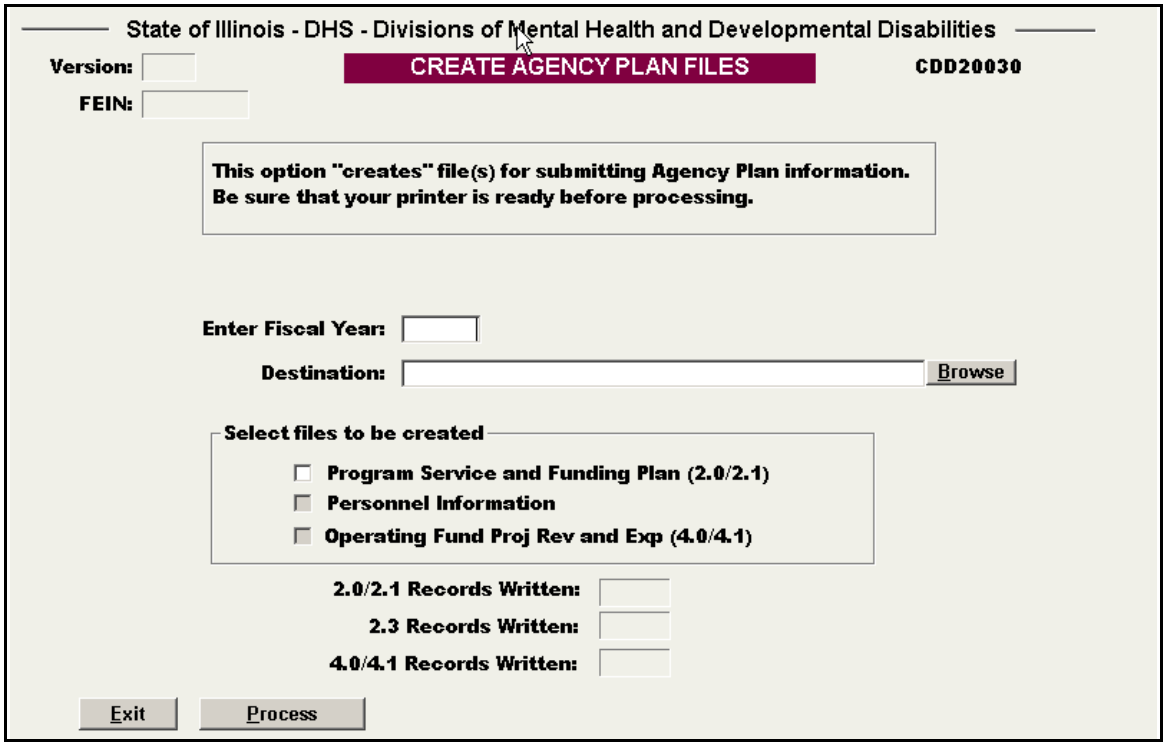
  1) Select ***R (Recreate)*** for the file **creation option** and enter the **Original creation date.**

  2) Create an additional file using the ***N (New)*** option and no date.

Click on ***VIEW FTP TRANSMISSION LOG*** to print/view a report detailing the specific files which have been transmitted by the FTP process to DHS.

## 10.1.4 AGENCY PLAN INFORMATION

Agency Plans - Page 1

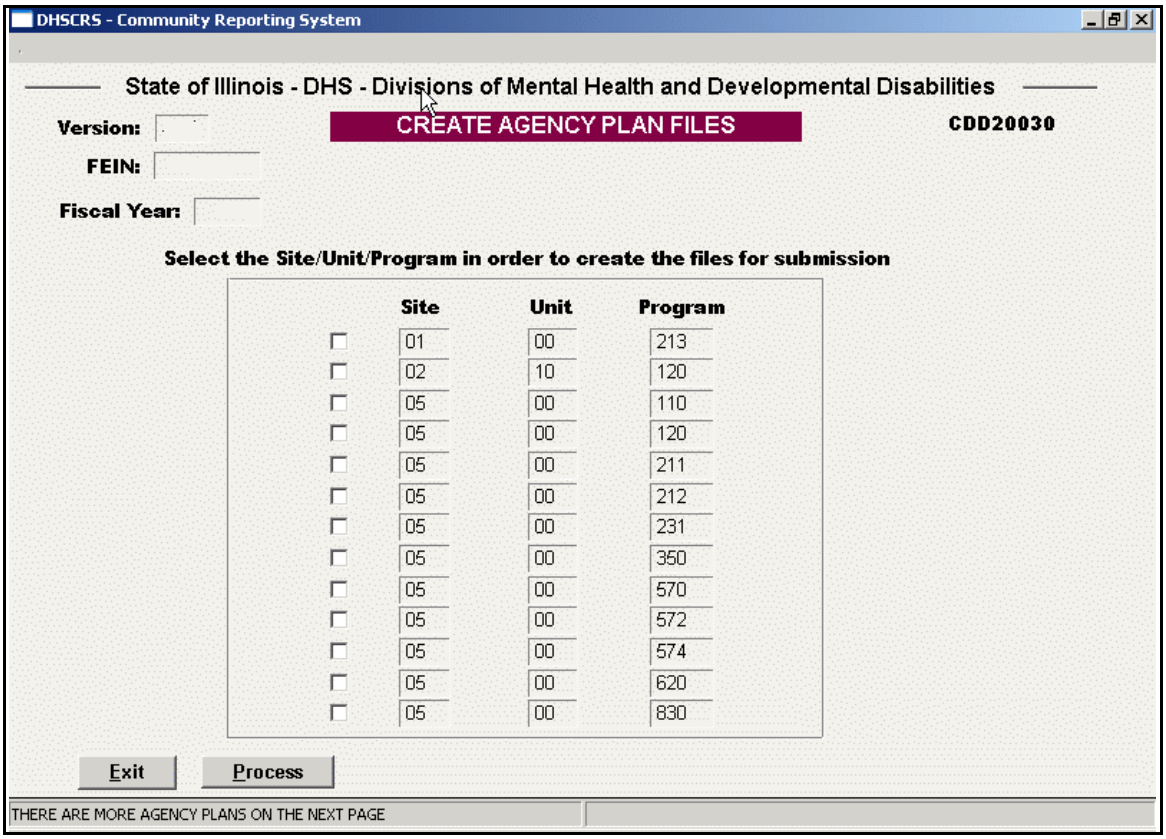



The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Files*** and ***Agency Plans*** are selected from the drop down lists.

Creation of Agency Plans consists of two screens. On the first, enter the fiscal year you wish to transmit and select a destination folder where the files are to be saved. Click on **PROCESS**.

## 10.1.4 AGENCY PLAN INFORMATION - continued

Agency Plans - Page 2




This is page two of the Create Agency Plan screens. It appears automatically during Agency Plan create files processing.
Up to thirteen agency plans for the fiscal year entered are displayed on the screen to allow selection of those that are to be submitted. If there are more agency plans to be displayed, the message ***THERE ARE MORE AGENCY PLANS ON THE NEXT PAGE*** will also be displayed at the bottom of the screen. When the last screen of agency plans has been displayed, the message ***ALL AGENCY PLANS HAVE BEEN DISPLAYED*** will be at the bottom of the screen.

Select each agency plan you wish to submit. The agency plan data will be written to a file and a transmittal form will be printed on your printer. If there is an error, a message will appear pointing out the error.

**ALL AGENCY PLAN FILES ARE TO BE SENT TO YOUR MH NETWORK CONTRACT MANAGER AND/OR DD NETWORK FACILITATOR AS INDICATED IN THE AGENCY PLAN INSTRUCTIONS DISTRIBUTED BY THE NETWORK OFFICES.**

Sample Agency Plan Transmittal Form

NETWORK: ____ DHS COMMUNITY REPORTING SYSTEM DATE:09/05/03
AGENCY PLAN TRANSMITTAL FORM PROGRAM: CDD20030
PAGE: 1

FISCAL YEAR: ____

AGENCY FEIN: _____ AGENCY NAME: _____
ADDRESS: _____
_____

CONTACT PERSON: _____ TELEPHONE: _____

| AGENCY PLAN FORM | NUMBER OF RECORDS |
|---|---|
| 2.0/2.1 | ____ |
| 2.3 | ____ |
| 4.0/4.1 | ____ |

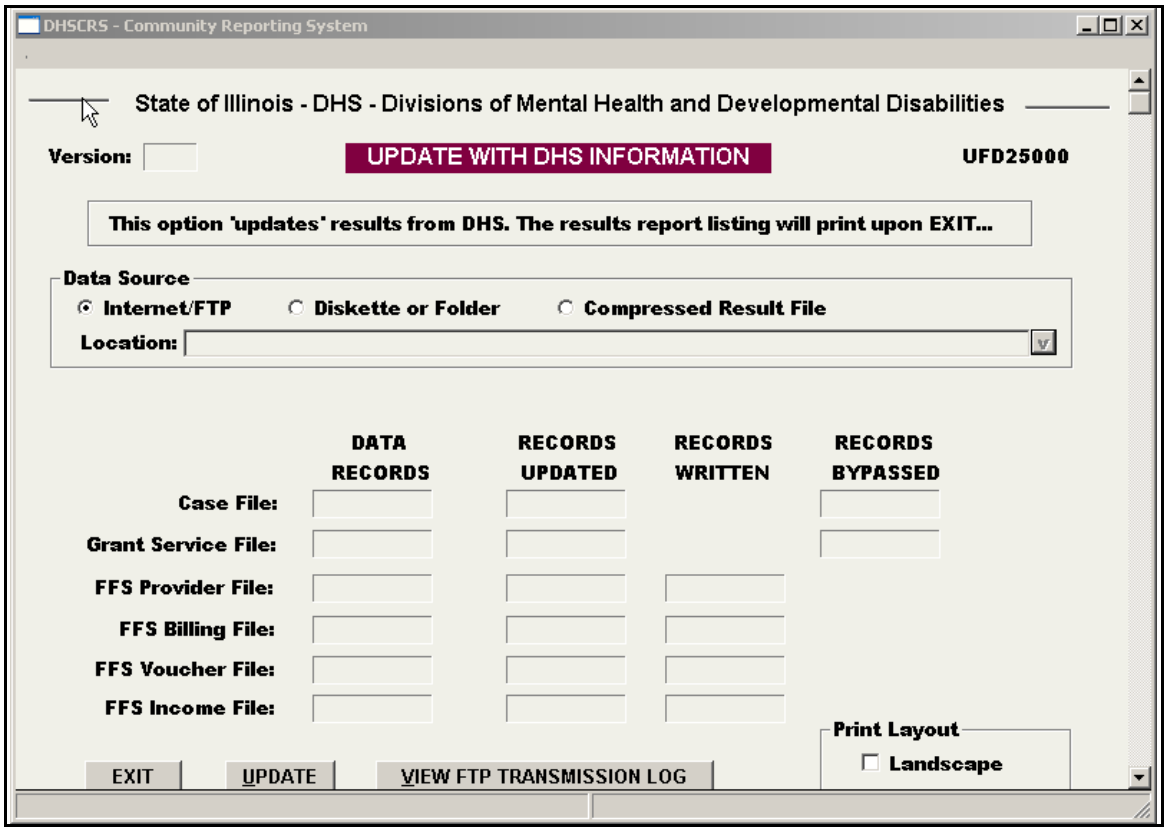
NUMBER OF FILES: ____

(FOR NETWORK USE ONLY)

| SITE | UNIT | PGM SVC | GRANT FUNDED | APPROVED | APPROVED WITH CHANGES | REJECTED |
|---|---|---|---|---|---|---|
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |
| __ | __ | ___ | _ | ____ | ____ | ____ |

SEND THIS FORM WITH THE DISKETTE TO YOUR **NETWORK CONTACT PERSON**.

## 10.2 UPDATE FILES WITH RESULTS FROM DHS




Update Files

The above screen appears after ***Utilities*** is selected from the menu bar and ***Update Files*** is selected from the drop down list.

DHS will return your processed transactions via the data source in which your file was created. These results are needed to update the files on your PC. By selecting the data source and clicking on **UPDATE**, the transactions will be updated with the appropriate ''Status'' and all additional data returned by DHS. Remember to update your files **as soon as possible** after the returned file(s) arrive from DHS. If files submitted transmitted by FTP need to be updated a second time, click on ***Compressed Result File*** and select the location of the file to be updated. This location will be \PRS\DOWNLOAD\BACKUP on the drive where your software is located. Click on ***VIEW FTP TRANSMISSION LOG*** to print/view a report detailing the specific files which have been updated by the FTP process. Refer to Appendix E for Warning and Error Codes and Messages.

A report is also printed listing the results of the returned transactions. **NOTE:** If you have more than one file to process for update, do not process the next file until the report created for the previously processed file has completed printing. Otherwise, the complete report will not be printed.

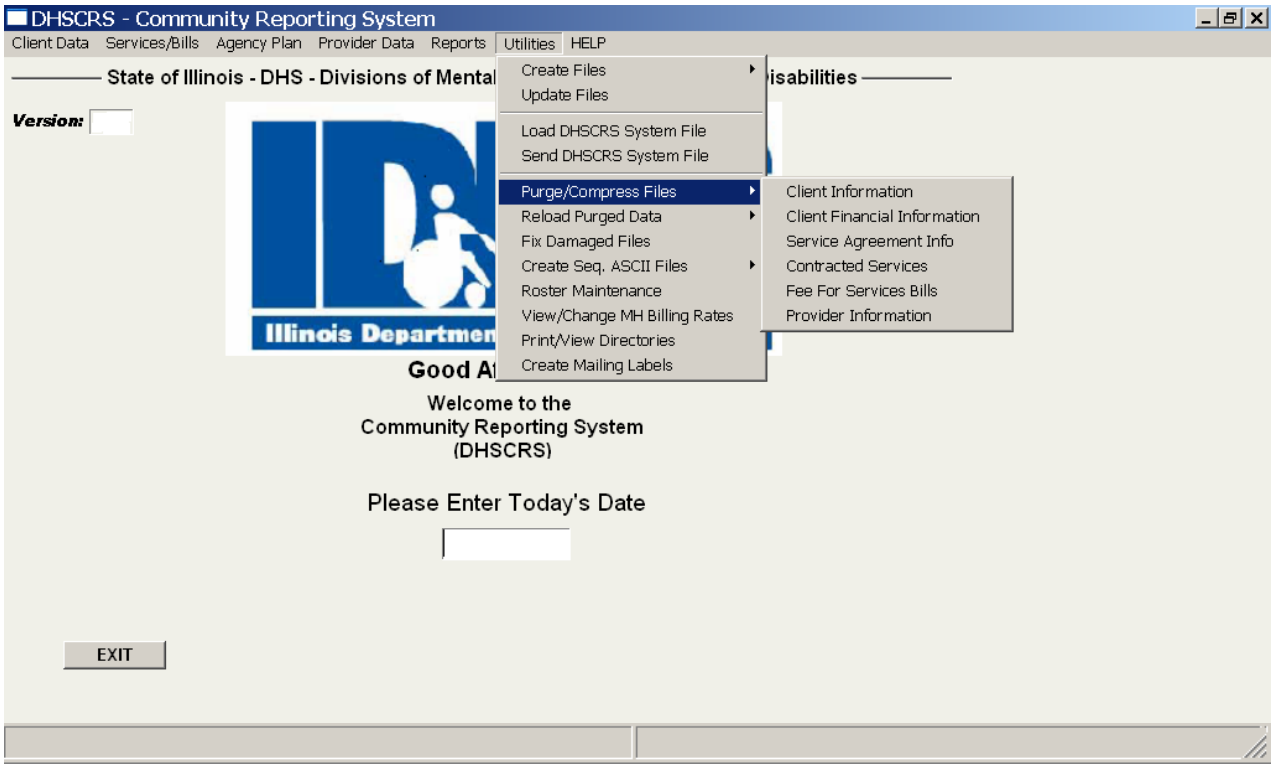
***Case Files*** Updates the Case Information Files with processed results from DHS.

***Grant Service Files*** Updates the ROCS Service Reporting/Mental Health billing transaction files with results from DHS.

***Fee For Service Files*** Updates Fee for Services billing files with provider, billing, income, and voucher results from DHS.

## 10.3 PURGE/COMPRESS FILES

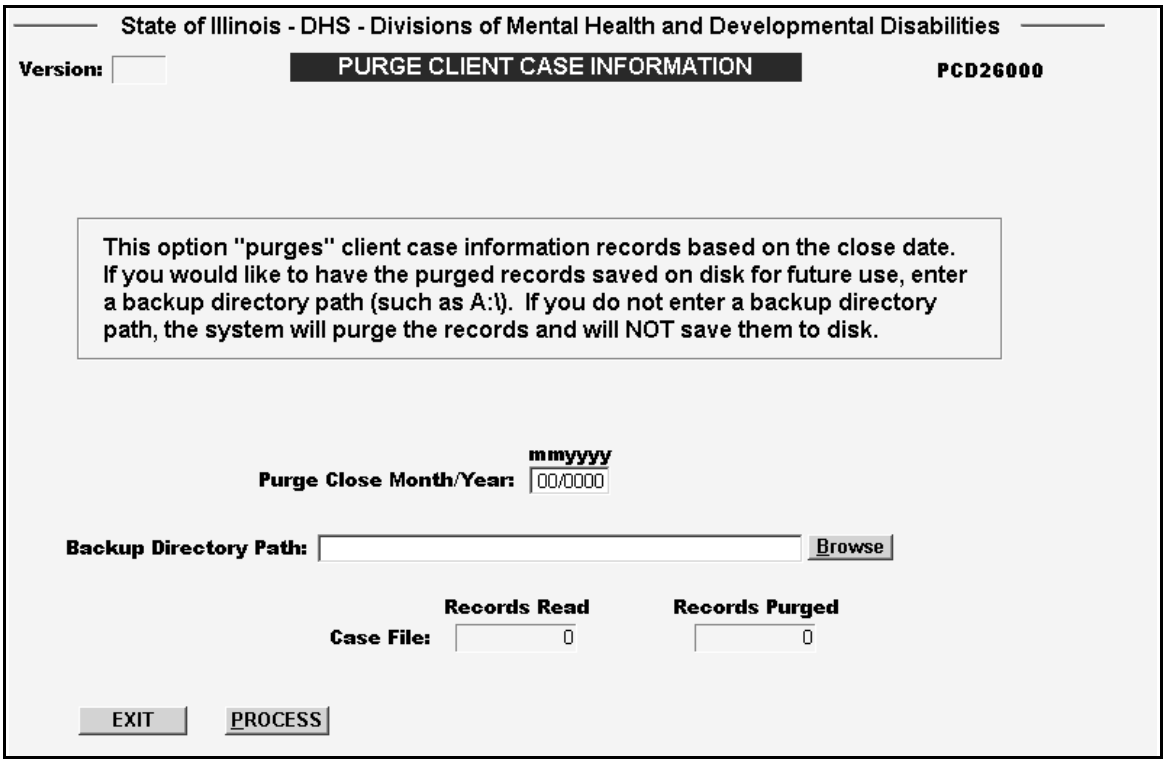
Purge/Compress Files




This screen displays the options available under ***Utilities*** and ***Purge/Compress Files***. Occasionally the DHSCRS files will need to be purged of old data or reorganized when the system seems to slow down or become sluggish. The purpose of the purge is to release storage space on the hard disk by deleting records. It also compresses the records which remain on file.

## 10.3.1 CASE REGISTRATION INFORMATION

Client Case Registration Information

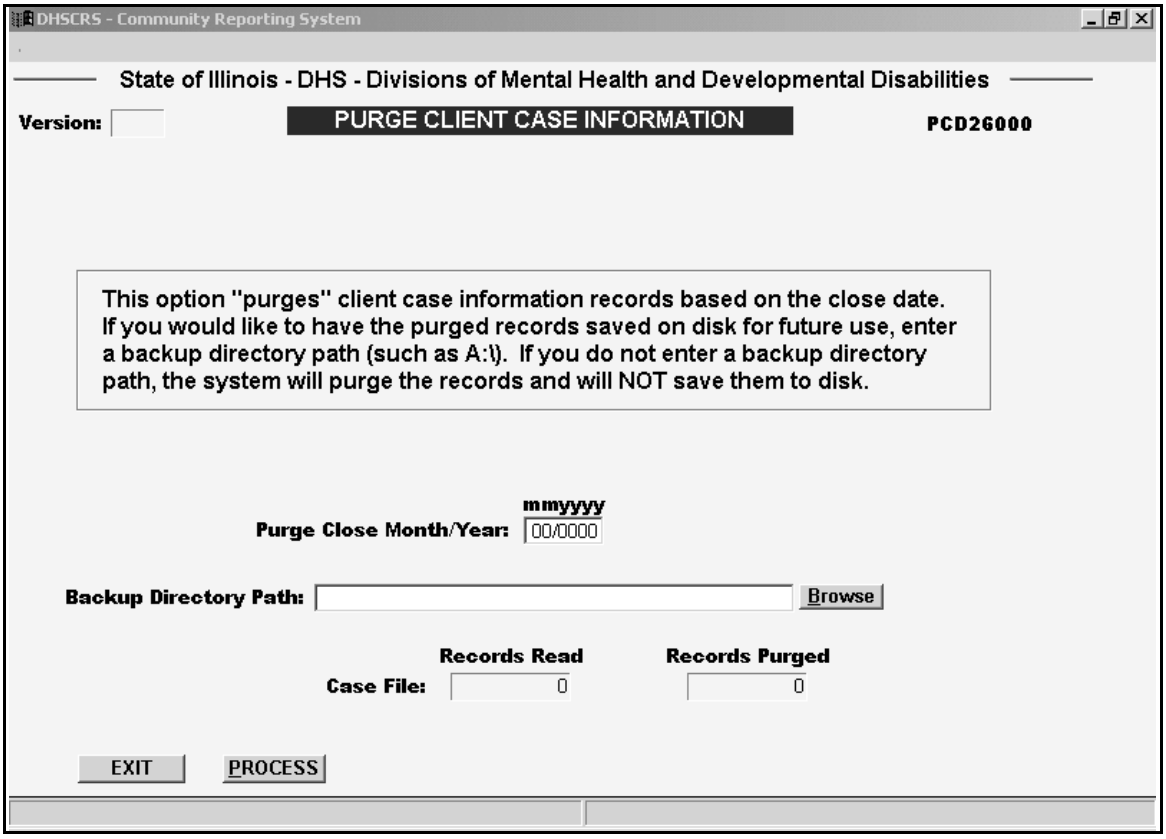



The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Client Information*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. The purged records may be saved on a file for future use by entering the appropriate ***Diskette Drive Letter***. The purge is based on the close date entered. Click on ***PROCESS*** to proceed with the purge function. The system will indicate at the lower right corner how many case file records were purged.

## 10.3.2 CLIENT INCOME INFORMATION

Client Financial Information

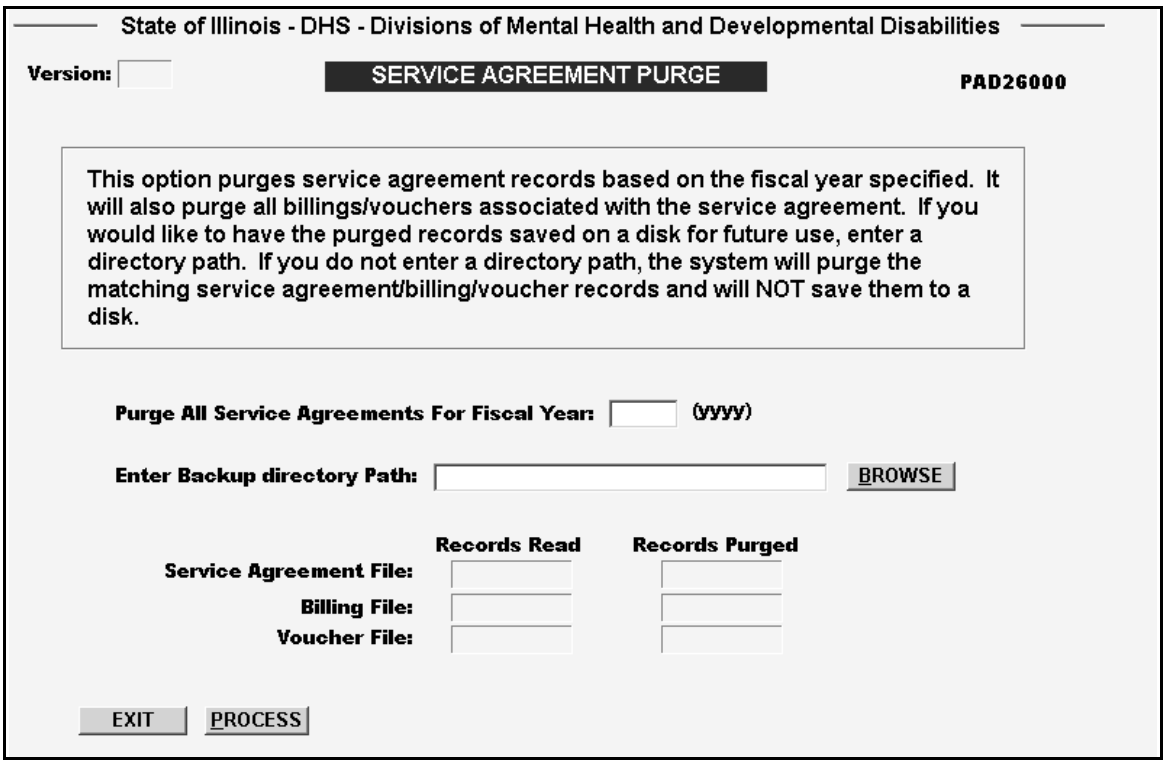



The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Client Financial Information*** are selected from the drop down lists.

This option will purge client income information records based on the effective date of the records. Income records which will not be purged are for the current fiscal year and prior fiscal year. Click on **PROCESS** to proceed with the purge.

## 10.1.3 SERVICE AGREEMENT INFORMATION

Service Agreement Information

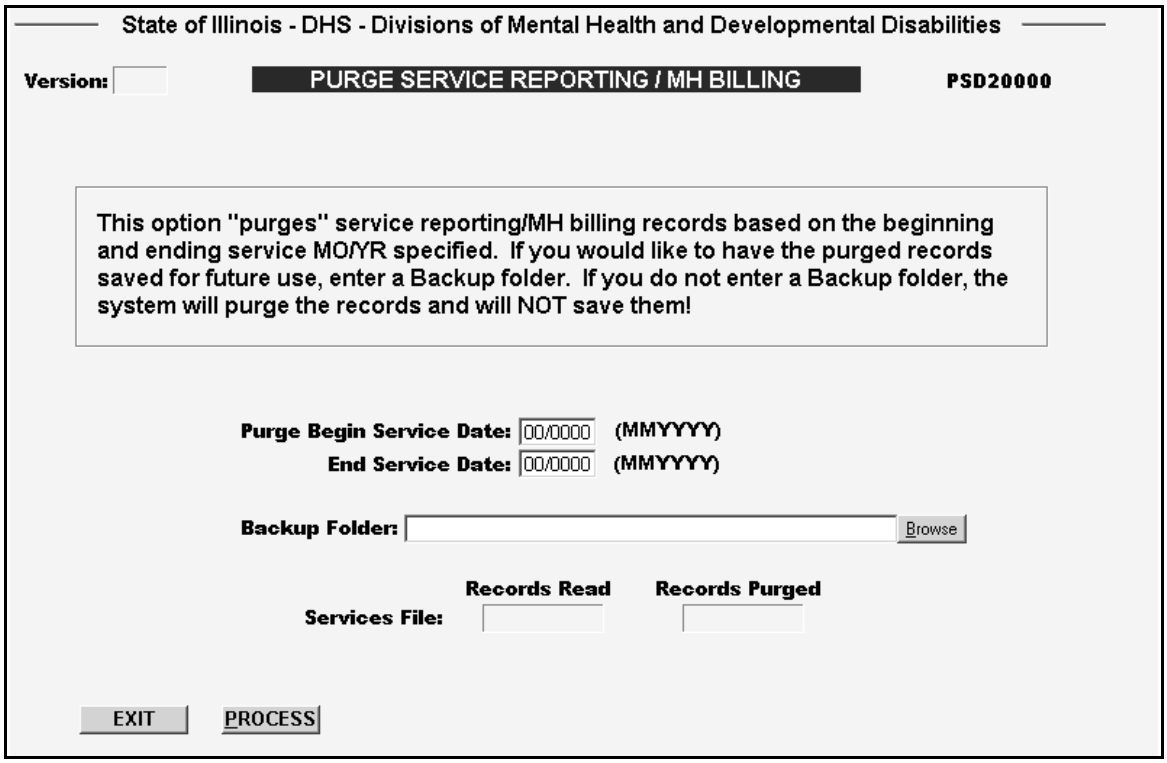



The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Service Agreement Info*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. The purge is based on fiscal year. Enter the selected Fiscal Year to be purged. The purged records may be saved on a file for future use by entering the appropriate ***Diskette Drive Letter***. Click on ***PROCESS*** to proceed with the purge. The system will indicate at the lower right corner how many service agreements and corresponding billing and voucher records were purged.

### 10.3.4 SERVICE REPORTING/MH BILLING

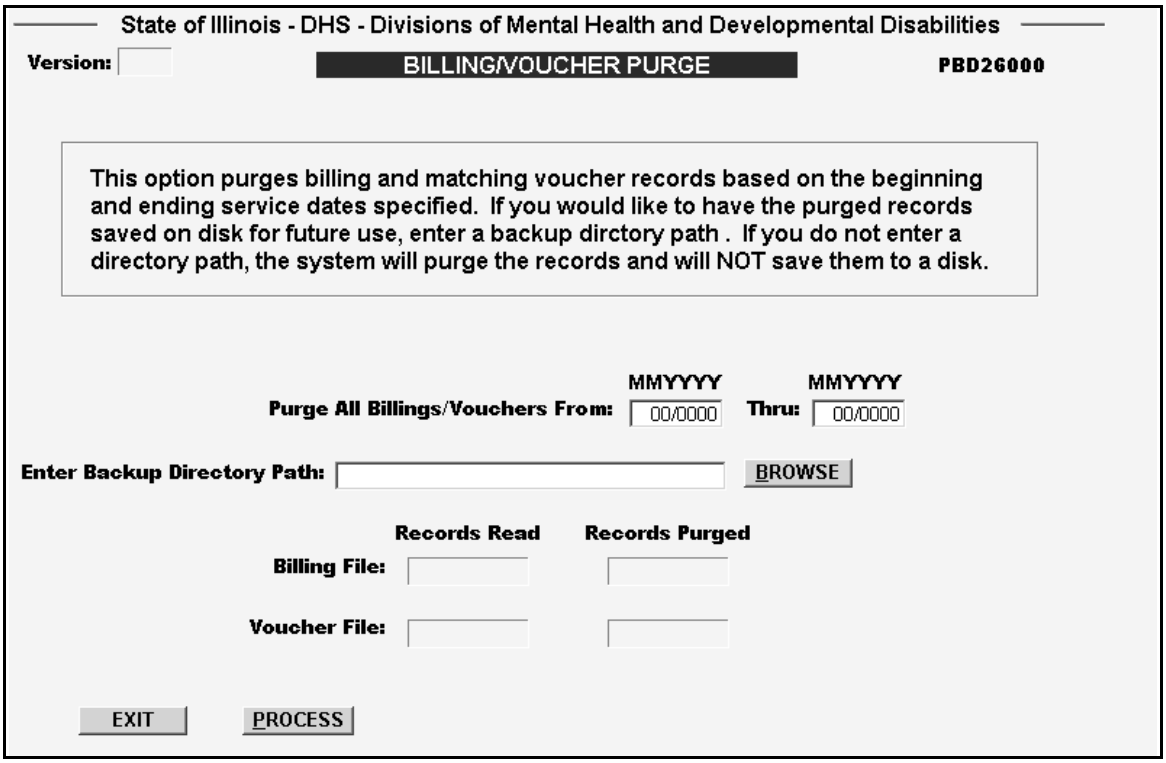
Contracted Services




The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Contracted Services*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. The purge will be based on the beginning and ending service dates specified. The purged records may be saved for future use. Click on ***PROCESS*** to proceed with the purge. The system will indicate at the lower right corner how many service/MH billing records were purged.

## 10.3.5 FEE FOR SERVICE BILLING



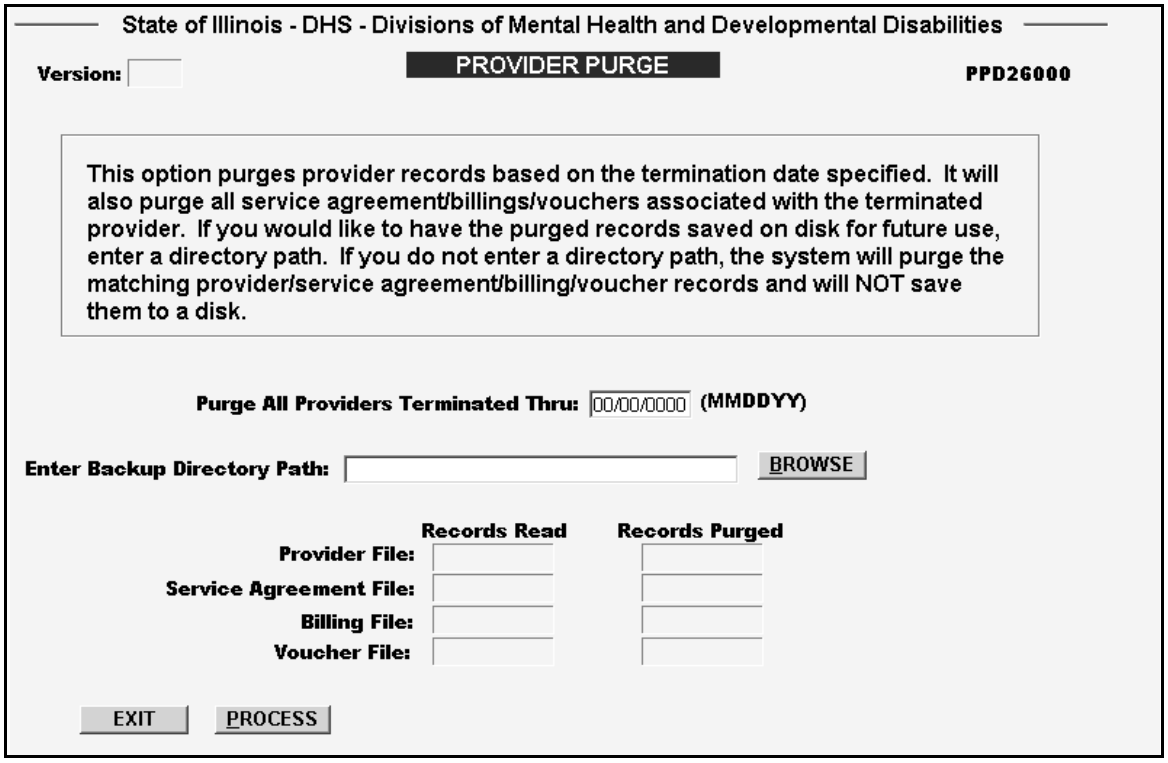

Fee For Services Bills

The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Fee For Services Bills*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. This option will purge billings and matching voucher records based on the beginning and ending service dates specified. The purged records may be saved for future use. Click on ***PROCESS*** to proceed with the purge. The system will indicate at the lower right corner how many billings and corresponding voucher records were purged.

## 10.3.6 PROVIDER INFORMATION

Purge Provider Information

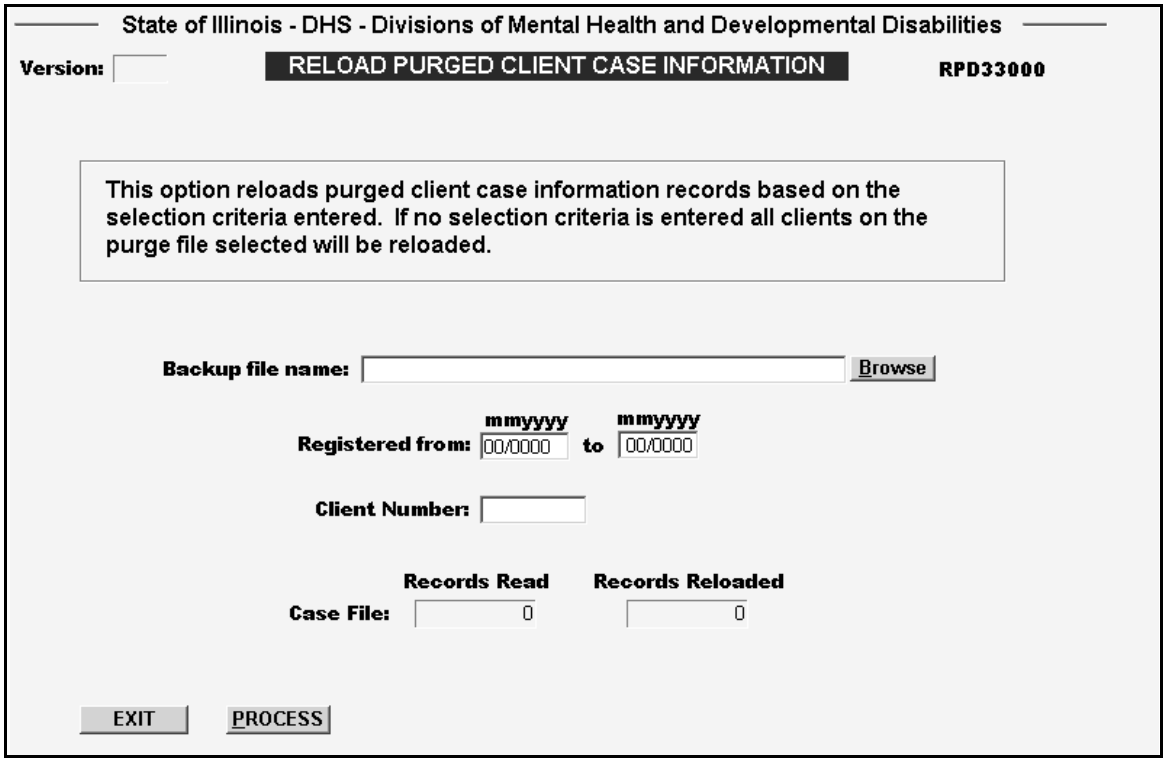



The above screen appears after ***Utilities*** is selected from the menu bar then ***Purge/Compress Files*** and ***Provider Information*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. The provider records to be purged are based on the termination date specified. The purged records may be saved for future use. Click on ***PROCESS*** to proceed with the purge. The system will indicate on the screen how many provider records were purged.

## 10.4 RELOAD PURGED DATA

Reload Purged Data Screen

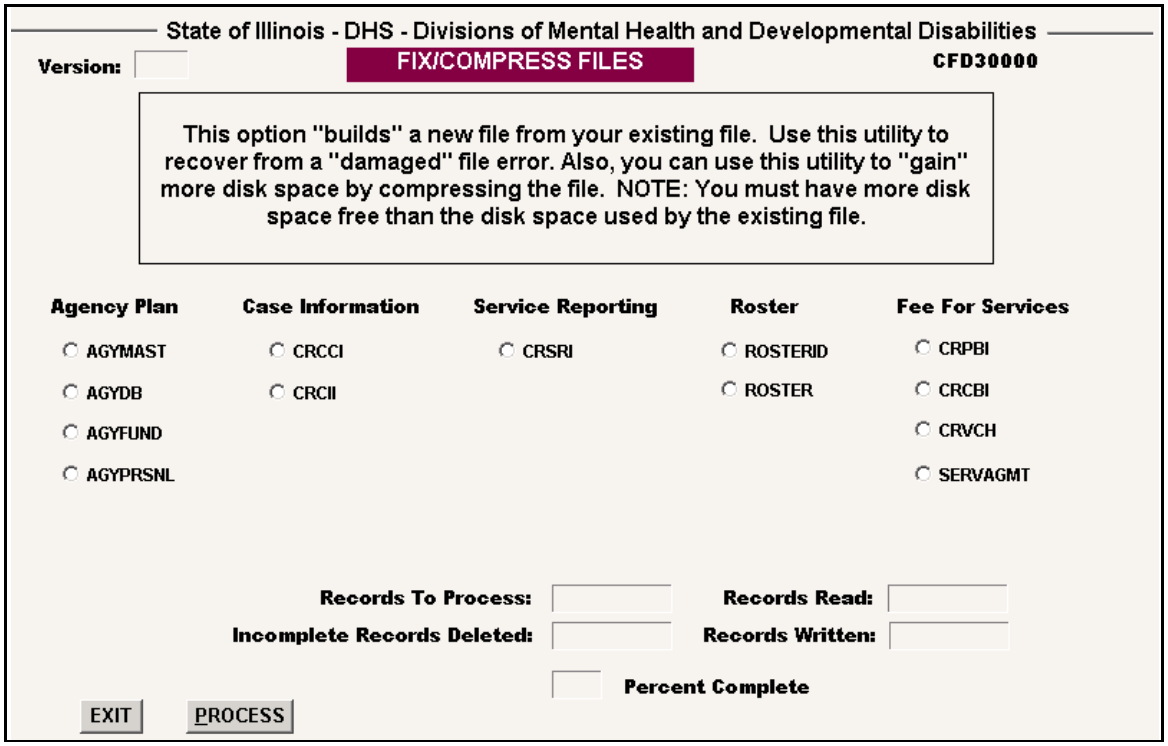



The above screen appears after ***Utilities*** is selected from the menu bar and ***Reload Purged Data*** is selected from the drop down list.

Follow the instructions on the screen to utilize this option. This option ''reloads'' ROCS Service Reporting/MH Billing records that were previously saved with the PURGE Utility. Click on ***PROCESS*** to proceed with the reload.

## 10.5 FIX DAMAGED FILES

Fix/Compress Files



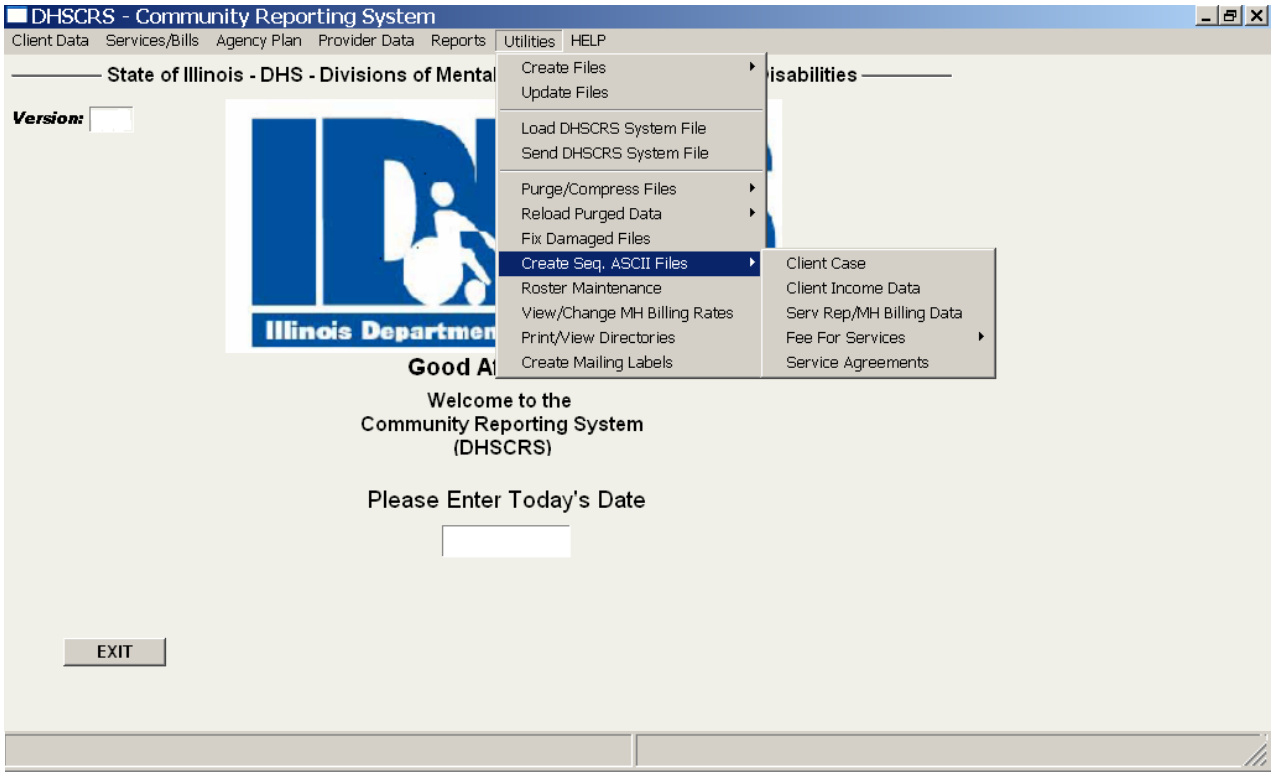

The above screen appears after ***Utilities*** is selected from the menu bar and ***Fix Damaged Files*** is selected from the drop down list.

This utility is used to fix damaged files at your computer site. This needs to be done whenever a file error is received and the Status Code = 02 or 04. Click the appropriate file radio button and then click on ***PROCESS*** to initiate the fix/compress of the selected file.

This option will build a new file from the existing one. Use this option when a file becomes damaged or you wish to compress the file to gain more disk space. The message ''File Fix/Compress Completed'' will be displayed at the bottom of the screen. If you do not receive this message, call MIS Technical Assistance at (217) 785-9559.

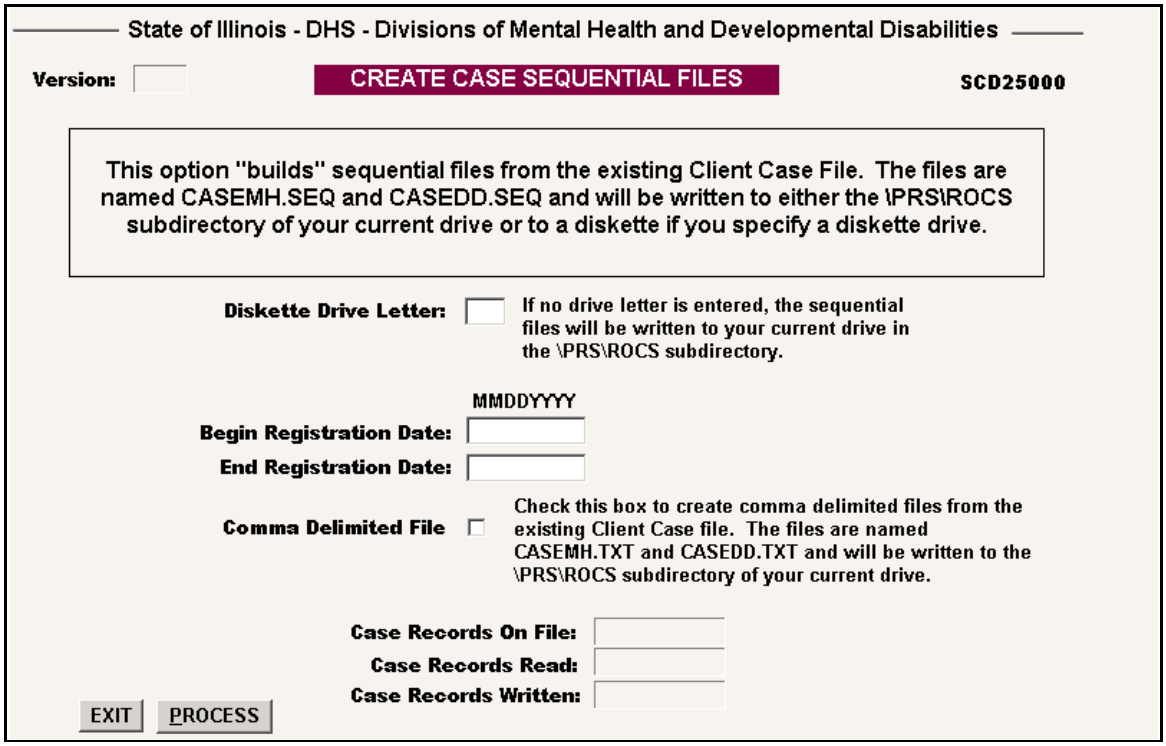
## 10.6 CREATE SEQUENTIAL ASCII FILES

Create Sequential ASCII Files




This option will allow the creation of Sequential ASCII files from the PC files. They can be input into other types of programs such as Crystal Reports or Access to create agency specific reports as required.
File layouts are located in Appendix G.

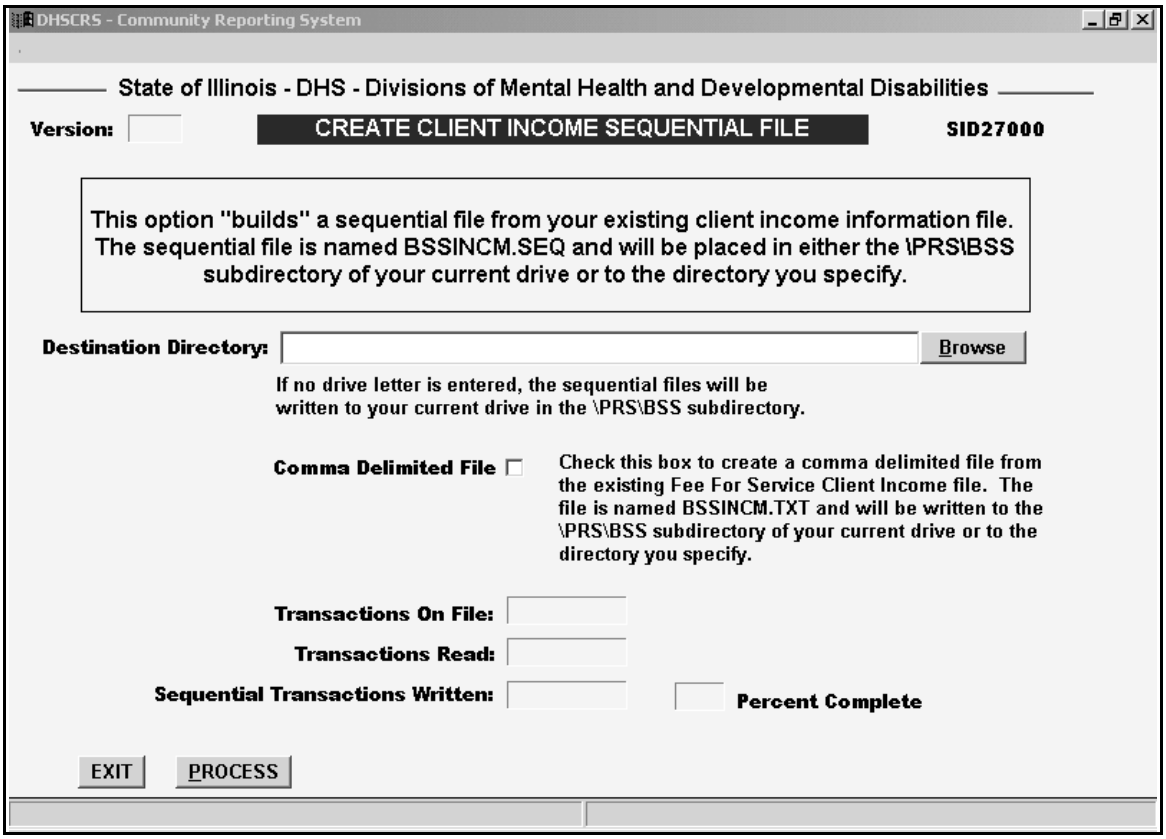
Client Case Sequential Files




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq ASCII Files*** and ***Client Case*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Enter the ***Begin Registration Date*** and the ***End Registration Date*** then click on **PROCESS** to create the sequential file. The file will be written to a file and placed in the appropriate sub-directory of your hard drive, depending on which drive letter was entered. The sequential ASCII file names created are CASEMH.SEQ and CASEDD.SEQ. The comma delimited file names created are CASEMH.TXT and CASEDD.TXT. The files can be found in the sub-directory \PRS\ROCS.

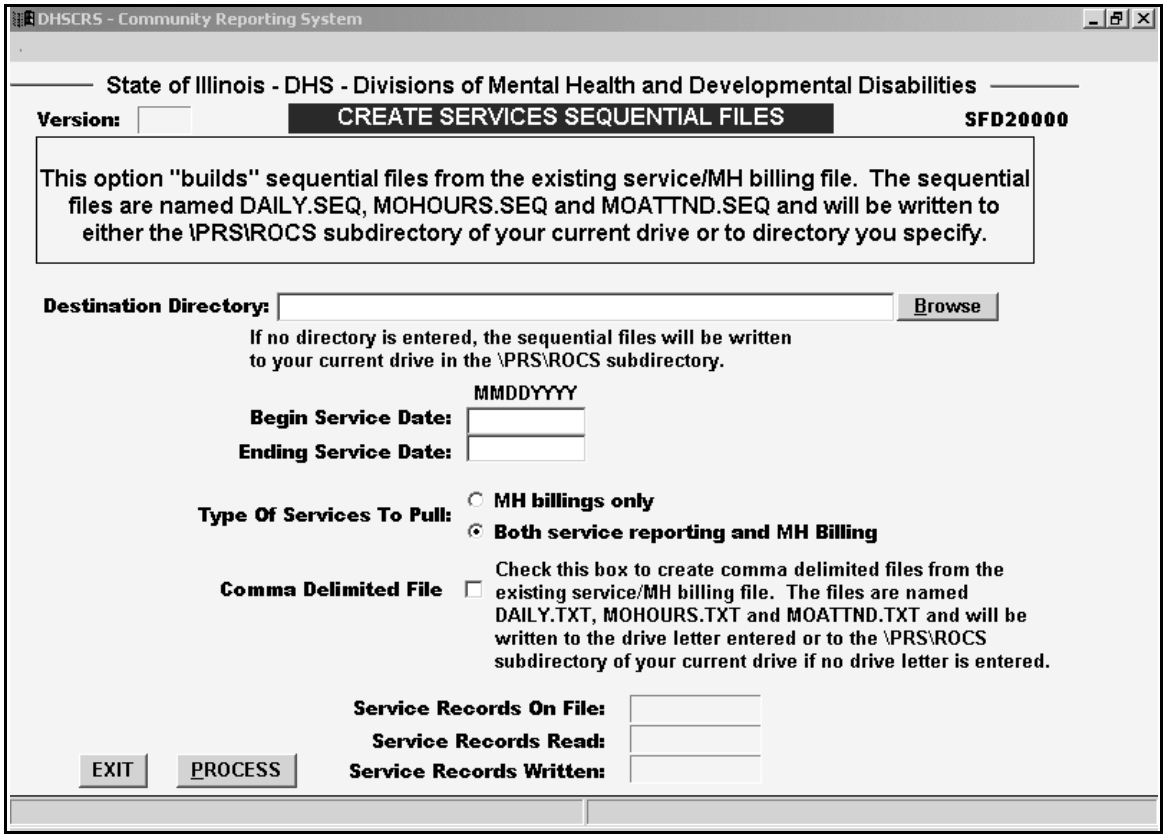
Client Income Sequential Files




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Client Income Data*** are selected from the drop down lists.

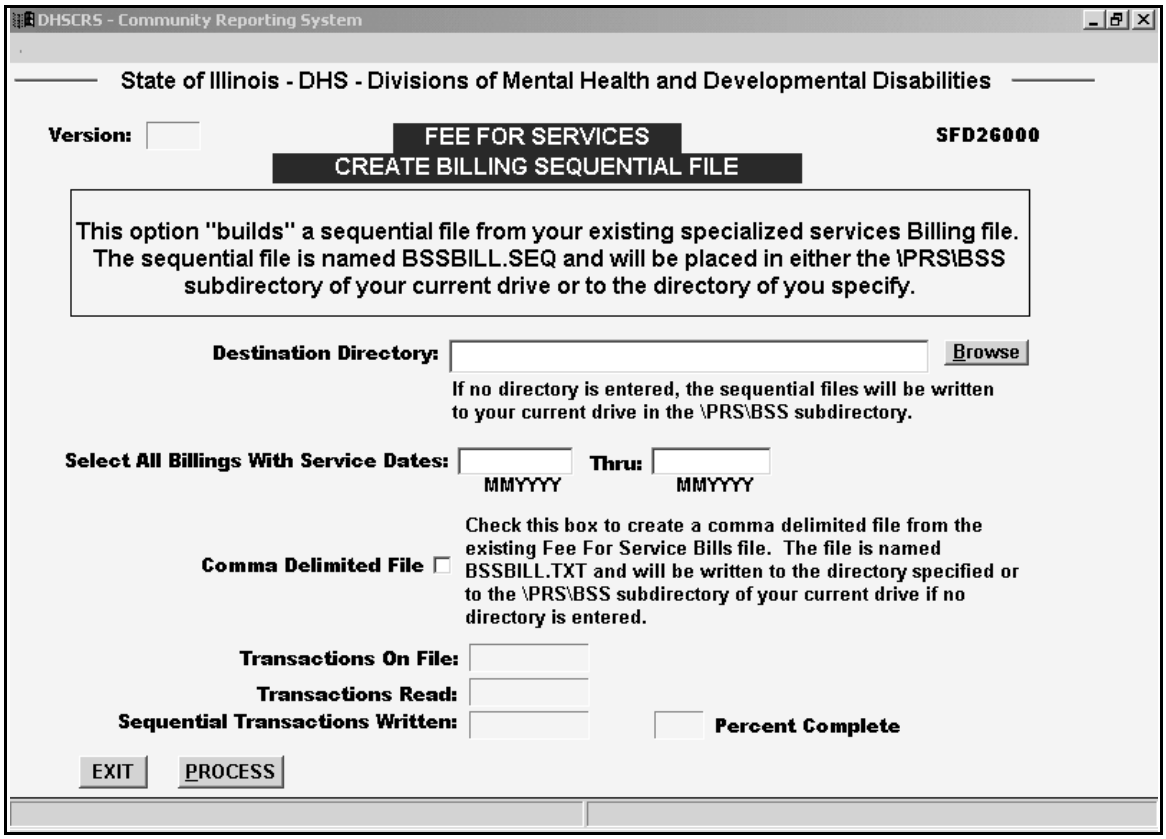
Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file name created is BSSINCM.SEQ. The comma delimited file name created is BSSINCM.TXT. The files can be found in the sub-directory \PRS\BSS.

Service Reporting/MH Medicaid Data Sequential Files




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Serv Rep/MH Billing Data*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Enter the ***Begin Service Date*** and the ***Ending Service Date.*** Also click on the ***Type Of Services To Pull.*** Click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file names created are DAILY.SEQ, MOHOURS.SEQ and MOATTND.SEQ. The comma delimited file names created are DAILY.TXT, MOHOURS.TXT, and MOATTND.TXT. The files can be found in the sub-directory \PRS\ROCS.

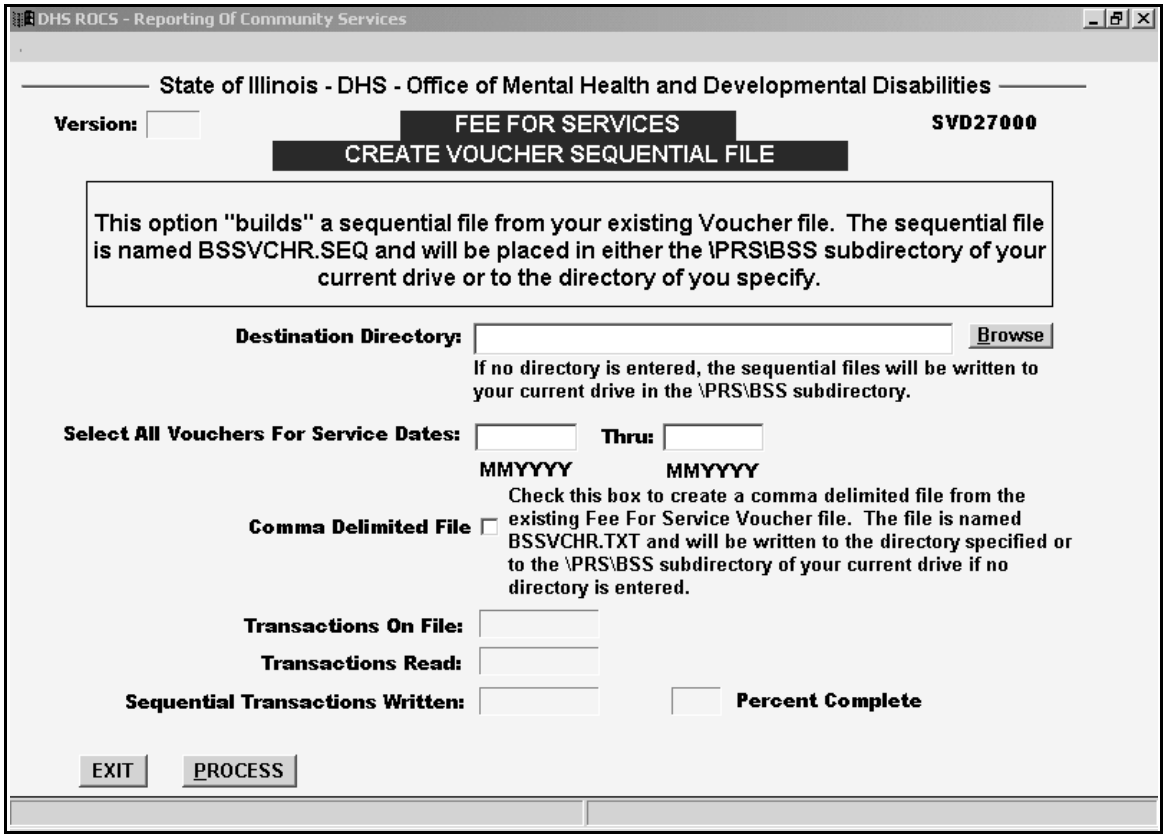



Fee For Services - Bills Sequential Files

The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Fee For Services*** and ***Bills*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Enter the selected ***Service Date*** range and select the ***Type of Services To Pull.*** Click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file name created is BSSBILL.SEQ. The comma delimited file name created is BSSBILL.TXT. The files can be found in the sub-directory \PRS\BSS.

Fee For Services - Vouchers Sequential Files

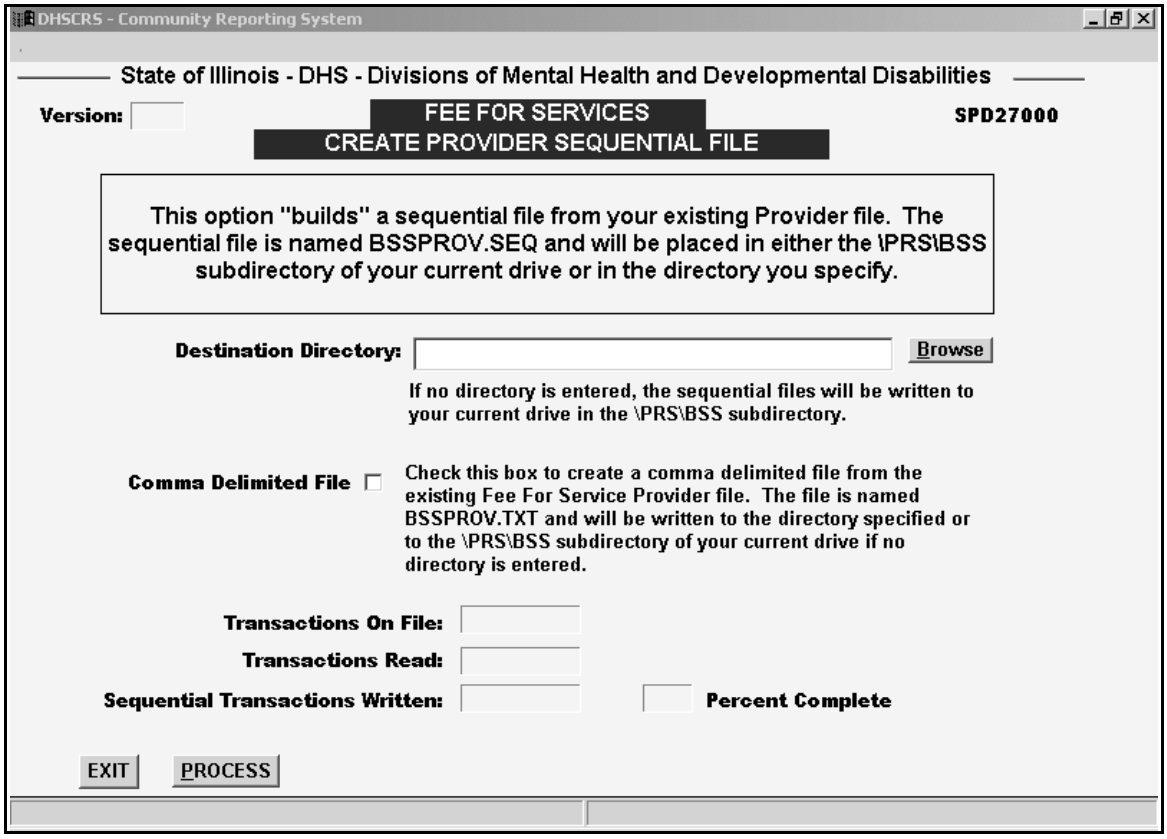



The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Fee For Services*** and ***Vouchers*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Enter the selected ***Service Date*** range. Click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file name created is BSSVCHR.SEQ. The comma delimited file name created is BSSVCHR.TXT. The files can be found in the sub-directory \PRS\BSS.

## 10.6.6 FEE-FOR-SERVICE PROVIDER FILES

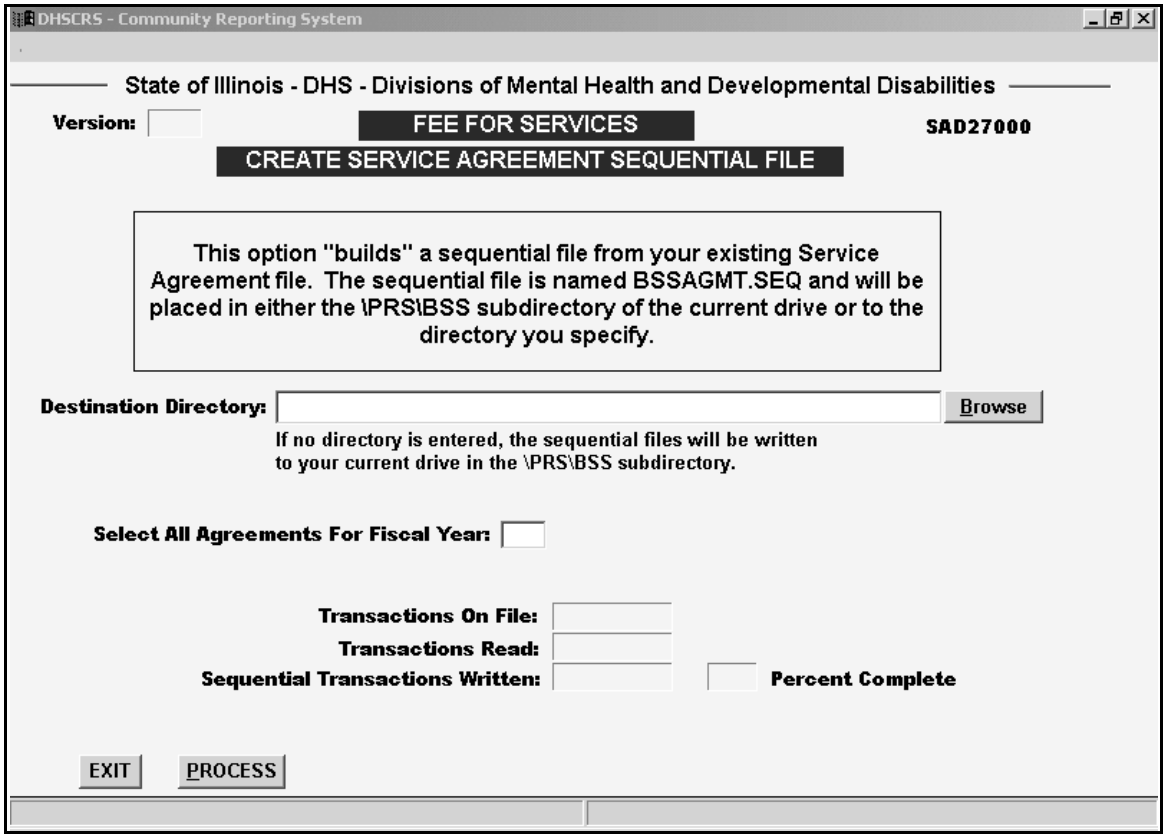
Fee For Services - Provider Sequential Files




The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Fee For Services*** and ***Provider*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file name created is BSSPROV.SEQ. The comma delimited file name created is BSSPROV.TXT. The files can be found in the sub-directory \PRS\BSS.

Service Agreement Sequential Files

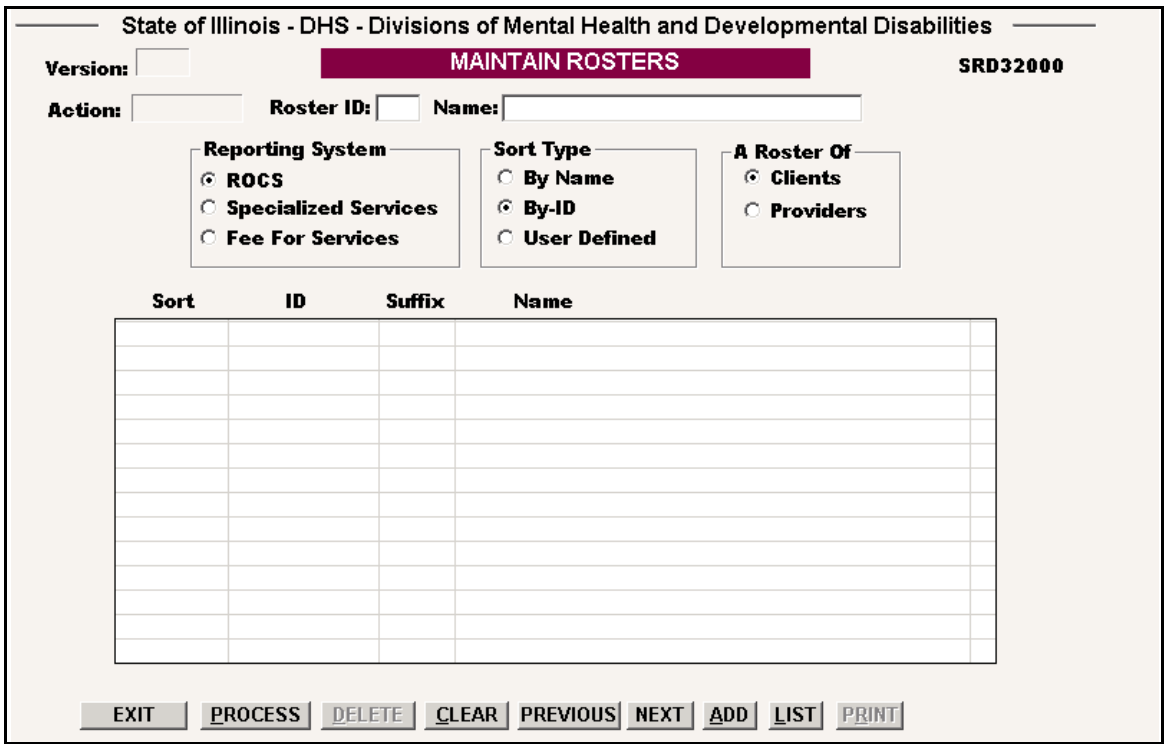



The above screen appears after ***Utilities*** is selected from the menu bar then ***Create Seq. ASCII Files*** and ***Service Agreement*** are selected from the drop down lists.

Follow the instructions on the screen to utilize this option. A ***Diskette Drive Letter*** may be entered if the sequential file is to be saved to a file. Enter the selected ***Fiscal Year*** and click on **PROCESS** to create the sequential file. The file will be written and placed in the appropriate sub-directory of your hard drive, depending upon which drive letter was entered. The sequential ASCII file name created is BSSAGMT.SEQ. The comma delimited file name created is BSSAGMT.TXT. The files can be found in the sub-directory \PRS\BSS.

## 10.7 ROSTER MAINTENANCE

Roster Maintenance Screen - Page 1




The above screen appears after ***Utilities*** is selected from the menu bar and ***Roster Maintenance*** is selected from the drop down list.

The roster feature of the DHS Community Reporting System allows an agency to set up one or more lists - rosters of individuals or providers - identifying each roster with a two character identification number. When that two character identification number is entered in the ***Roster ID*** field on the service/billing screens, the system automatically fills in the individual or provider information. As each individual or provider is displayed automatically on the screen, information for that entity can be entered as appropriate.

This feature prevents tedium on the part of the user and cuts down on entry errors. By entering the roster information one time, the user can rely on the system to display it each month when new information needs to be entered.

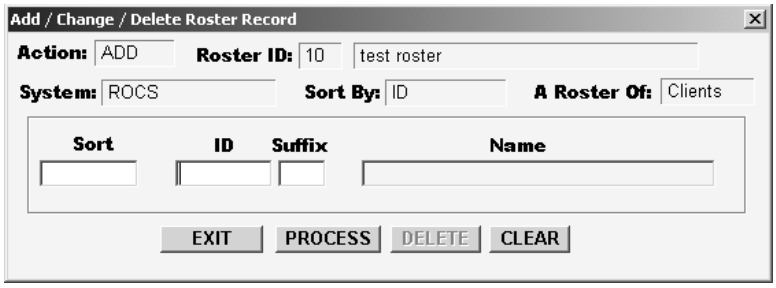
Each roster can be updated/changed at any time, so that information is kept current.

Roster Maintenance Screen - Page 2

To display a list of current Rosters, click on **LIST**. A list will then be displayed on the screen. The Rosters may be changed or deleted by clicking on the particular ID which will display the screen on the previous page. Click on the selected ID and the following screen will be displayed. The record may then be changed or deleted.

When creating a new ***Roster ID*** enter the ***ID*** and a Roster ***Name*** and click on **PROCESS.** This will save the Roster Name. An ID may then be added to the particular Roster ID by clicking on **ADD** to insert the ID into your newly created roster. The following screen will be displayed to add an ID.

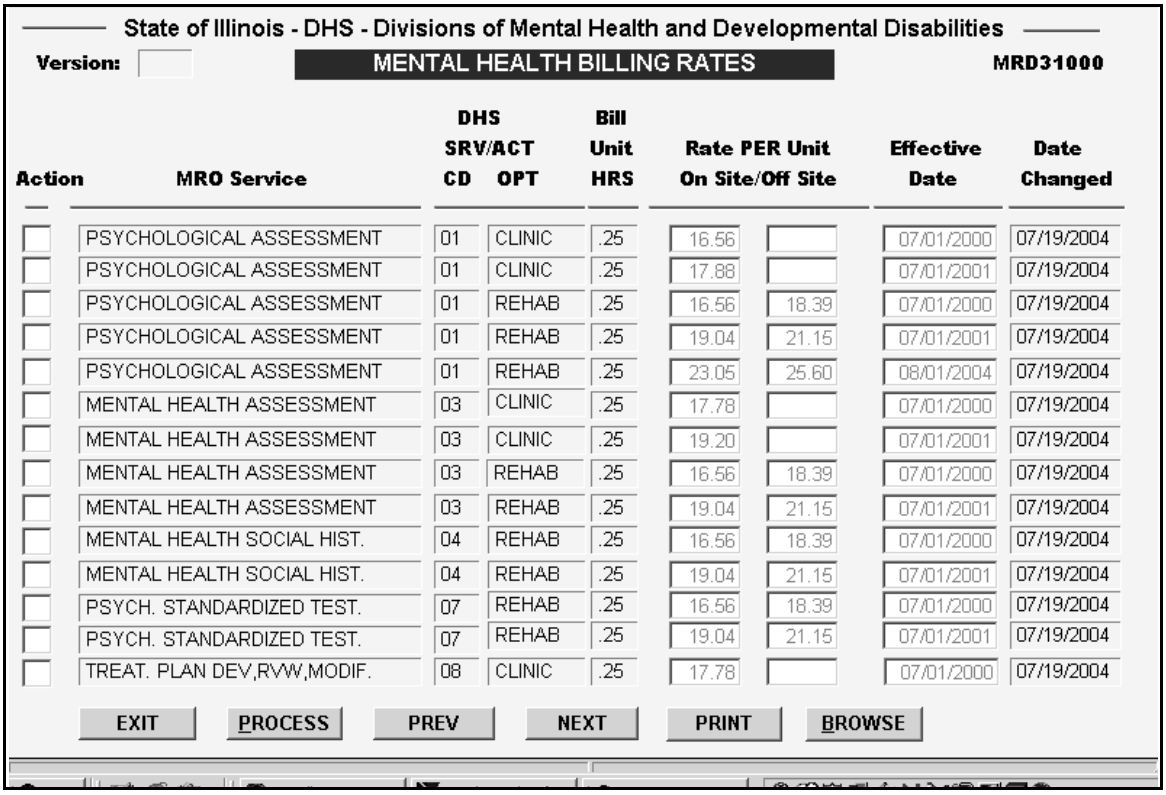
Add/Change/Delete Roster Record Screen




The Roster may be sorted by Name, Client ID or with a user-defined sort. A user-defined sort can be made up of up to five characters or numbers in length. This will enable an agency to sort this roster in any manner it wishes.

## 10.8 VIEW/CHANGE MH MEDICAID RATES

View/Change MH Medicaid Rates Screen




The above screen appears after ***Utilities*** is selected from the menu bar and ***View Change MH Billing Rates*** is selected from the drop down list.

This screen will allow you to view or change MH Billing rates. To change a rate or an effective date, enter an **"X"** in the ***Action*** field of the line to be changed. A screen will appear with only the line you selected. Change either of the rate fields and/or the effective date field.

The table is arranged in DHS Service/Activity Code order. To find a specific code click on **NEXT** to display the next page or **PREV** to display the previous page.

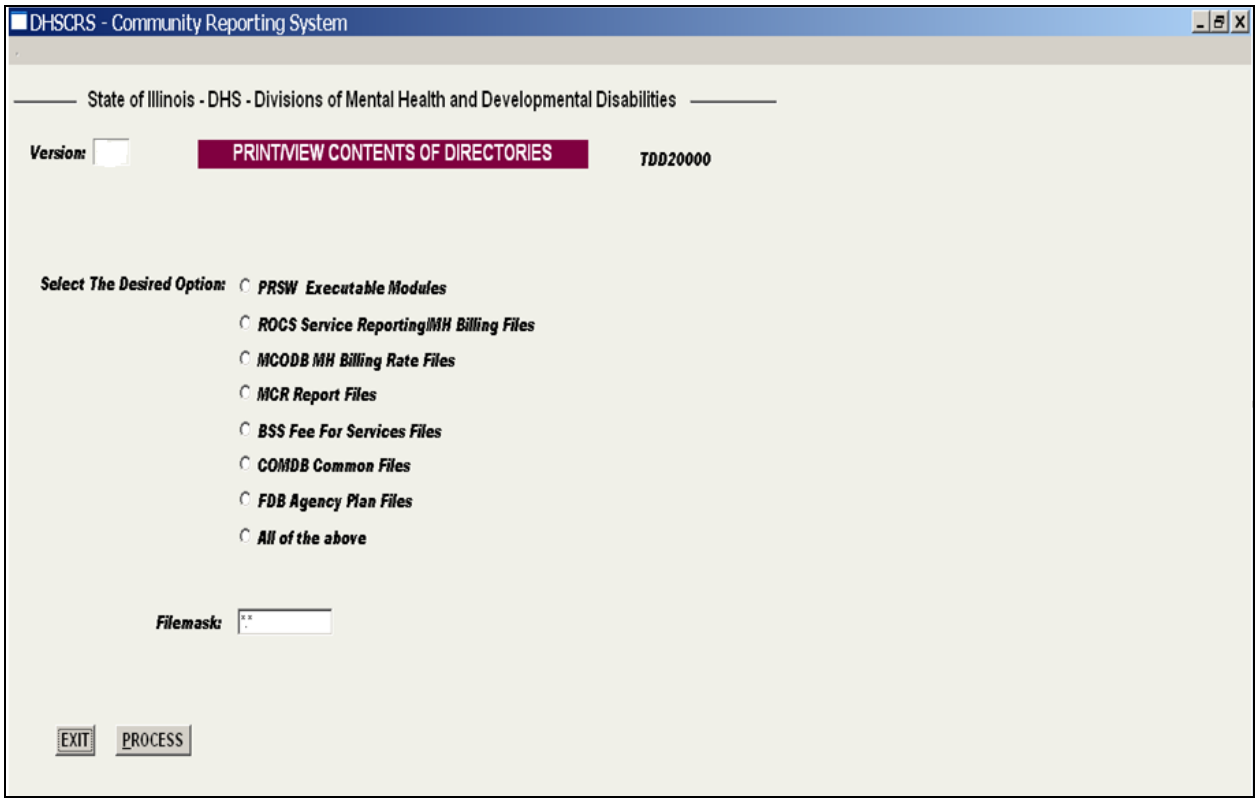
The list of rates may be printed by clicking on **PRINT**.

**NOTE:** If a rate is increased above the maximum amount allowed as reimbursable, DHS processing will only pay up to the maximum amount allowed.

**NOTE:** The above screen is only a partial listing of rates.

## 10.9 PRINT/VIEW CONTENTS OF DIRECTORIES

Print Directories Screen

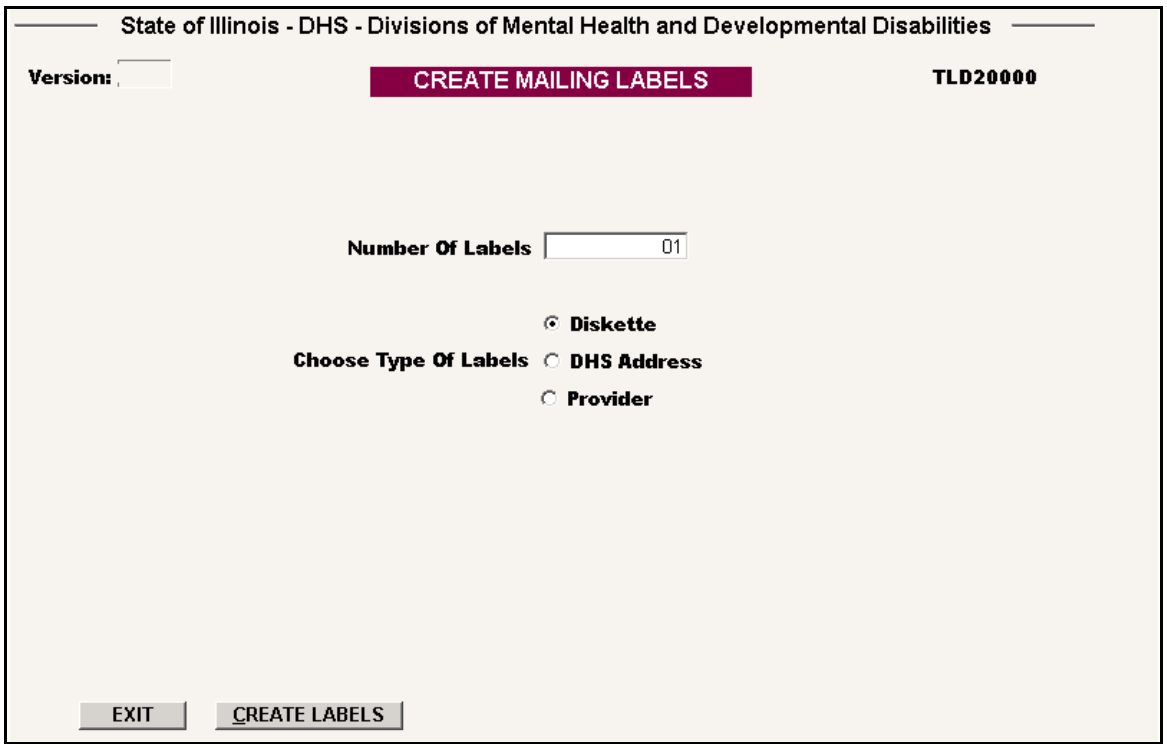



The above screen appears after ***Utilities*** is selected from the menu bar and ***Print/View Directories*** is selected from the drop down list.

This utility is used to assure that all directories are present and that files are current on your computer. It will allow you to print the contents of one or all of the DHSCRS directories.

## 10.10 CREATE MAILING LABELS

Create Labels Screen




The above screen appears after ***Utilities*** is selected from the menu bar and ***Create Mailing Labels*** is selected from the drop down list.

This utility allows you to create labels at your own agency, as necessary.

# APPENDIX A

**NETWORK CONTACTS**

## DIVISION OF DD NETWORKS

| ID | REGION | BUREAU OF COMMUNITY SERVICES | ADDRESS | PHONE NUMBER |
|---|---|---|---|---|
| CE | Central | David Donner | Centrum Building<br>319 E. Madison, Suite 2M<br>Springfield, IL 62701 | 217/524-2521 |
| City of Chicago | City of Chicago | Tammie Benjamin-Asare | Elgin Mental Health Center<br>750 S. State Street<br>Rehabilitation Building<br>Elgin, IL 60123 | 847/742-1040<br>Ext. 2807 |
| MCNS | North Suburban | Betty Green | Ludeman Center<br>114 N. Orchard Drive<br>Building 58<br>Park Forest, IL 60466 | 708/283-3407 |
| MCSS | South Suburban | Bernice Gray<br><br>Bernice O'Brien | 401 S. Clinton St<br>2nd Floor North<br>Chicago, IL 60607<br>Ludeman Center<br>114 N. Orchard Drive<br>Building 58<br>Park Forest, IL 60466 | 312/814-8335<br><br>708/283-3408 |
| NC | North Central | Andrea Medley | Centrum Building<br>319 E. Madison, Suite 2M<br>Springfield, IL 62701 | 217/524-2520 |
| NW | Northwest | Kevin Byrd | Centrum Building<br>319 E. Madison, Suite 2M<br>Springfield, IL 62701 | 217/524-2517 |
| SO | Southern | Craig Laskowski,<br>Roberta Driver | Centrum Building<br>319 E. Madison, Suite 2M<br>Springfield, IL 62701 | 217/782-5230 |
| | | Maureen Haugh Stover | Centrum Building<br>319 E. Madison, Suite 2M<br>Springfield, IL 62701 | 217/782-9692 |

## DIVISION OF MH NETWORKS

http://intranet.dhs.illinois.gov/onenet/page.aspx?item=11896

# APPENDIX B

**MENTAL HEALTH SERVICE ACTIVITY CODES**

**This appendix has been intentionally removed.**

**The information previously contained in this appendix has been posted in a separate document on the DHS web page.**

# APPENDIX C

**MH MEDICAID BILLING DIAGNOSIS CODES**
**ICD-10 REPLACEMANT CODES**

**This appendix has been intentionally removed.**

**The information previously contained in this appendix has been posted in a separate document on the DHS web page.**

# APPENDIX D

**CLIENT CASE REGISTRATION,**
**SERVICE REPORTING/MH BILLING,**
**FEE FOR SERVICES & DEVELOPMENTAL DISABILITIES MEDICAID**
**SUBMISSION TRANSMITTAL FORM**

**OPTIONAL DATA COLLECTION FORMS**

*STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES*
*INTERNET FTP FILE TRANSMITION*
*REPORTING OF COMMUNITY SERVICES / MENTAL HEALTH SYSTEMS /*
*FEE FOR SERVICES & DEVELOPMENTAL DISABILITIES MEDICAID*

---

*FEIN:* _____ *AGENCY NAME:* _____

*AGENCY ADDR:* _____

_____

*CONTACT PERSON:* _____ *TELEPHONE #:* _____

---

*SUBMISSION DATE:* _____

| *FILE NAMES:* | *NUMBER OF RECORDS:* | | *FILE NAMES:* | *NUMBER OF RECORDS:* | |
|---|---|---|---|---|---|
| *DHSCASE.FLE* | _____ | *Processed weekly* | *DHSPROV.FLE* | _____ | *Processed weekly* |
| *DHSSERV.FLE* | _____ | *Processed bi-monthly* | *DHSINCM.FLE* | _____ | *Processed weekly* |
| | | | *DHSBILL.FLE* | _____ | *Processed weekly* |

---

***DHS Community Reporting System***
***CLIENT CASE REGISTRATION INFORMATION***

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*
*Staff completing this form: _____ Date completed:_____ Time: _____*
*Staff entering data from this form: _____ Date completed:_____ Time: _____*

**** ***CLIENT DEMOGRAPHIC INFORMATION*** ****

***CLIENT ID: __ __ __ __ __ __ __ __ __*** *Satellite Code: ____*
*First Name:_____ MI:___ Last Name:_____ Suffix:_____*
*Mother's Maiden Last Name:_____ SSN: __ __ __ - __ __ - __ __ __ __*
*Birth Date: __ __ /__ __ /__ __ __ __ Sex: Male / Female*
*Race: ___ White ___ Black/African American ___ Asian ___ Unknown*
*___ American Indian/Alaskan Native ___ Native Hawaiian or Other Pacific Islander*

*Recipient ID (RIN): __ __ __ __ __ __ __ __ __ State Operated Facility ID: __ __ __ __ __ __ __ __ __ __*
*Primary Language: _____*
*Hispanic Origin: _____ Area of Residence - County: __ __ __ Twp/CA: __ __*
*Medicaid Site ID: __ __ __ DHS Case ID: __ __ __ __ __ __ __ __ __ __ __ __ __*
*Client Address - Street: _____*
*City: _____ State: __ __ Zip Code: __ __ __ __ __ __ - __ __ __ __*
*Education Level: ___ ___ Employment Status: ___ ___ Marital Status: ___*
*SSI/SSDI Eligibility: ___ ___ DFI/CFI Enrollment: ___ Citizenship: ___*
*Military Status: ___ Court/Forensic Treatment: ___ ___ Interpreter Services Needed: _____*
*Disaster Guest: _____ Guest State: _____ County/Parrish: _____*

*Optional Data A:_____B:_____C:_____*

**** ***GUARDIAN/RESPONSIBLE PERSON INFORMATION*** ****

*#1 Guardian Type: _____*
*First Name: _____ MI:___ Last Name:_____*
*Address: _____*
*City: _____ ST: ___ ___ Zip: __ __ __ __ __ __ - __ __ __ __*
*Date of Appointment as Guardian: __ __ / __ __ / __ __ __ __*

*#2 Guardian Type: _____*
*First Name: _____ MI:___ Last Name:_____*
*Address: _____*
*City: _____ ST: ___ ___ Zip: __ __ __ __ __ __ - __ __ __ __*
*Date of Appointment as Guardian: __ __ / __ __ / __ __ __ __*

***DHS Community Reporting System***
***CLIENT MENTAL HEALTH (MH) INFORMATION***

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*
*Staff completing this form: _____ Date completed:_____ Time: _____*
*Staff entering data from this form: _____ Date completed:_____ Time: _____*

**** REGISTRATION INFORMATION ****

***CLIENT ID: __ __ __ __ __ __ __ __ __***

*Registration Date: __ __ /__ __ / __ __ __ __ MH CILA Enrollment: __*
*Household Composition: __ __ Residential Arrangement: __ __ Family Household Size: __ __*
*Household Income: __ __ __ __ __ __ Client Income: __ __ __ __ __ __*

**** CLINICAL INFORMATION ****

| *Diagnosis Codes:* | *Code* | *Type* | *Code* | *Type* | *Code* | *Type* |
|---|---|---|---|---|---|---|
| *Type* | _____ | __ | _____ | __ | _____ | __ |
| *ICD-10 = A* | _____ | __ | _____ | __ | _____ | __ |
| *ICD-9 = 9* | _____ | __ | _____ | __ | _____ | __ |

*GAF/CGAS Score:_____ Scale Used:_____*
*Level of Functioning - Adults Children and Adolescents*
*Social Group/School: ____ Employment: ____ Self Care:____ Community:____*
*Financial: ____ Community Living: ____ Social Rel:____ Family Rel:____*
*Supportive Social: ____ Daily Living:____ School:____*
*Dangerous Behavior: ____ Previous Impairment: ____*
*Functional Impairment - MCAS: __ CAFAS: __*

*History of Illness/Disability -- 1:_____ 2:_____ 3:_____ 4:_____ 5:_____*

*Co-Occurring Disorders: Yes / No Justice System Involvement:*
_____

*Discharge-Linkage-Aftercare/Triage Information: Yes/No Update/View*
*MH Cross Disabilities Database Information: Yes/NO Update/View*

**** CLOSING INFORMATION ****

*Closing Date: __ __ / __ __ / __ __ __ __ GAF/CGAS Score: ___ ___ Scale Used: ____*
*Disposition: __ __*

***DHS Community Reporting System***
***CLIENT DEVELOPMENTAL DISABILITIES (DD) INFORMATION***

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*
*Staff completing this form: _____ Date completed:_____ Time: _____*
*Staff entering data from this form: _____ Date completed:_____ Time: _____*

**** ***REGISTRATION INFORMATION*** ****

***CLIENT ID: __ __ __ __ __ __ __ __ __***

*Registration Date: __ __ /__ __ / __ __ __ __ Individuals in Setting: __ __*
*Residential Arrangement: __ __*
*Area of Origin - County: __ __ __ Twp/CA: __ __ Zip Code: __ __ __ __ __ __ - __ __ __ __*

**** ***CLINICAL INFORMATION*** ****

| *Diagnosis Codes:* | *Code* | *Type* | *Code* | *Type* | *Code* | *Type* |
|---|---|---|---|---|---|---|
| *Type* | _____ | __ | _____ | __ | _____ | __ |
| *ICD-10 = A* | _____ | __ | _____ | __ | _____ | __ |
| *ICD-9 = 9* | _____ | __ | _____ | __ | _____ | __ |

*Age at Onset: ___ ___*
*ICAP/SIB - Service Score: ___ ___ Behavioral Score: ___ ___ ___ Score Type: ___*
*Mobility: ___*

**** ***CLOSING INFORMATION*** ****

*Closing Date: __ __ /__ __ /__ __ __ __ Individuals in Setting: ___ ___*
*Disposition: __ __ Residential Arrangement: ___ ___*

***DHS Community Reporting System***
***CLIENT INCOME INFORMATION***

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*
*Staff completing this form: _____ Date completed:_____ Time: _____*
*Staff entering data from this form: _____ Date completed:_____ Time: _____*

*SSN: __ __ __ __ __ __ __ __ __ Client Name: _____*

*PPO CILA (60D): __*

*Effective Date: __ __ / __ __ __ __ Thru: __ __ / __ __ __ __ (month/year)*

**** ***DOLLAR FIGURES ENTERED MUST BE MONTHLY AMOUNTS*** ****

*Avg Mo Earned Income: __ __ __ __ __ . __ __*

*SSI:__ __ __ __ __ . __ __ Insurance: __ __ __ __ __ . __ __*

*SSDI:__ __ __ __ __ . __ __ CHAMPUS: __ __ __ __ __ . __ __*

*Veteran Award: __ __ __ __ __ . __ __ HUD Allowance:__ __ __ __ __ . __ __*

*Railroad Retirement:__ __ __ __ __ . __ __ Other:__ __ __ __ __ . __ __*

**** ***PROVIDER REMARKS*** ****

_____

_____

_____

*DHS Community Reporting System*
*SERVICE REPORTING / MENTAL HEALTH BILLING*
*Daily Format*

Agency Name: ________________________________________ Agency FEIN: __ __ __ __ __ __ __ __ __
Staff completing this form: _____________________________ Date completed:___________ Time: _______
Staff entering data from this form: _______________________ Date completed:___________ Time: _______

**CLIENT ID: __ __ __ __ __ __ __ __ __** Service Date: __ __ / __ __ / __ __ __ __

Location Code: __ Activity Code: __ __ Site: __ __ Unit: __ __ Program Code: __ __ __
Hours/Minutes: __ __ : __ __ Start Time: __ __ __ __ (MH Programs Only)
Recipient Code: __ Satellite Code: __ __ DHS Case ID: __ __ __ __ __ __ __ __ __ __ __ __ __
Staff ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Optional Data: __ __ __ __ __ __ __ __ __ __ Contractor FEIN: __ __ __ __ __ __ __ __ __
Total Dollars Spent on Client: __ __ __ __ . __ __ (MH Programs Only, if applicable)

**** MENTAL HEALTH BILLING DATA ****

Billing Option: ___ Medicaid Site ID: ___ ___ ___ Diagnosis: ___ ___ ___ ___ ___
Hours/Minutes: ___ ___:___ ___ Location Description: ________________________________________

| Third Party Liability: | TPL Code | Status Code | TPL Amount | Date |
|---|---|---|---|---|
| A. | __ __ __ __ | __ __ | __ __ __ __ __ . __ __ | __ __ / __ __ / __ __ __ __ |
| B. | __ __ __ __ | __ __ | __ __ __ __ __ . __ __ | __ __ / __ __ / __ __ __ __ |

**** GROUP SERVICES ****

Group ID: __ __ __ __ __ # of Clients: __ __ # of Staff: __ __

*DHS Community Reporting System*
*SERVICE REPORTING*
*Monthly Format*

Agency Name: ________________________________________ Agency FEIN: __ __ __ __ __ __ __ __ __
Staff completing this form: ______________________________ Date completed:___________ Time: _______
Staff entering data from this form: _______________________ Date completed:___________ Time: _______

**CLIENT ID: __ __ __ __ __ __ __ __ __** Service Date: __ __ / __ __ __ __ (month/year)

Location Code: __ Activity Code: __ __ Site: __ __ Unit: __ __ Program Code: __ __ __
Recipient Code: __ Satellite Code: __ __ DHS Case ID: __ __ __ __ __ __ __ __ __ __ __ __ __
Staff ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Optional Data: __ __ __ __ __ __ __ __ __ __ Contract FEIN: __ __ __ __ __ __ __ __ __

**** DAYS OF THE MONTH ****

Attendance Reporting - P: Present A: Absent B: Bedhold Duration of Time Reporting - HR:MN

01: _______ 02: _______ 03: _______ 04: _______ 05: _______ 06: _______

07: _______ 08: _______ 09: _______ 10: _______ 11: _______ 12: _______

13: _______ 14: _______ 15: _______ 16: _______ 17: _______ 18: _______

19: _______ 20: _______ 21: _______ 22: _______ 23: _______ 24: _______

25: _______ 26: _______ 27: _______ 28: _______ 29: _______ 30: _______

31: _______

**** GROUP SERVICES ****

Group ID: __ __ __ __ __ # of Clients: __ __ # of Staff: __ __

***DHS Community Reporting System***
***FEE FOR SERVICES BILLING***
***By Provider***

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*
*Staff completing this form: _____ Date completed:_____ Time: _____*
*Staff entering data from this form: _____ Date completed:_____ Time: _____*

***Service Prov ID:*** *__ __ __ __ __ __ __ __ __ __ __ __ __ __*

*Client ID: __ __ __ __ __ __ __ __ __*

*Program: __ __ __ Service Date: __ __ / __ __ (MM/YY)*

*Payee Prov ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __ Roster: __ __ __ Unit: __ __*

*Staff ID: __ __ __ __ __ __ __ __ __ Top Line Rate: __ __ . __ __*

*Events: __ __ __ __ -- OR -- Hours: __ __ __ __ Estimated Charge: __ __ __ __ . __ __*

**** ***DAYS OF THE MONTH*** ****

*01: _____ 02: _____ 03: _____ 04: _____ 05: _____ 06: _____*

*07: _____ 08: _____ 09: _____ 10: _____ 11: _____ 12: _____*

*13: _____ 14: _____ 15: _____ 16: _____ 17: _____ 18: _____*

*19: _____ 20: _____ 21: _____ 22: _____ 23: _____ 24: _____*

*25: _____ 26: _____ 27: _____ 28: _____ 29: _____ 30: _____*

*31: _____*

*OPT: _____*

*DHS Community Reporting System*
*FEE FOR SERVICES BILLING*
*By Individual*

*Agency Name: _____ Agency FEIN: __ __ __ __ __ __ __ __ __*

*Staff completing this form: _____Date completed:_____ Time: _____*

*Staff entering data from this form: _____Date completed:_____ Time: _____*

*Client ID: __ __ __ __ __ __ __ __ __*

*Service Prov ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __*

*Program: __ __ __ Unit: __ __ Service Date: __ __ / __ __ (MM/YY) Roster: __ __ __*

*Payee Prov ID: __ __ __ __ __ __ __ __ __ __ __ __ __ __*

*Staff ID: __ __ __ __ __ __ __ __ __ Top Line Rate: __ __ . __ __*

*Events: __ __ __ __ -- OR -- Hours: __ __ __ __ Estimated Charge: __ __ __ __ . __ __*

***** <u>DAYS OF THE MONTH</u> *****

| | | | | |
|---|---|---|---|---|
| *01: _____* | *02: _____* | *03: _____* | *04: _____* | *05: _____* |
| *06: _____* | *07: _____* | *08: _____* | *09: _____* | *10: _____* |
| *11: _____* | *12: _____* | *13: _____* | *14: _____* | *15: _____* |
| *16: _____* | *17: _____* | *18: _____* | *19: _____* | *20: _____* |
| *21: _____* | *22: _____* | *23: _____* | *24: _____* | *25: _____* |
| *26: _____* | *27: _____* | *28: _____* | *29: _____* | *30: _____* |
| *31: _____* | | | | |

*OPT: _____ Mileage: __ __ __ __ __ __ Overnite: __ __*

# APPENDIX E

**ERROR CODES AND MESSAGES**

**This appendix has been intentionally removed.**

**The information previously contained in this appendix has been posted in a separate document on the DHS web page.**

# APPENDIX F

**SAMPLE REPORTS**

# Sample Case Registration Reports

AGENCY: TEST AGENCY — CLIENT PROFILE REPORT — SYSTEM DATE: 10/02/2003
FOR CLIENTS ACTIVE DURING THE PERIOD — PROGRAM: RPD58000
01/01/2003 THRU 09/30/2003 — PAGE: 1
SORTED BY CLIENT ID

| C L I E N T N A M E | | CLIENT ID | MH RGST DATE | MH CLOSE DATE | MH DIAG CODE | DD RGST DATE | DD CLOSE DATE | DD DIAG CODE | AGE | GEO CODE | RIN | MH CILA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ELIZABETH | TAYLOR | 320448635 | 01/01/2000 | | 311 | | | | 48 | 012-00 | 000000018 | N |
| MAE | WEST | 321540551 | 01/01/2000 | | 311 | 01/01/2000 | | 354 | 48 | 083-00 | 000000018 | N |
| LULA | NORTH | 321540558 | 01/01/2000 | | 311 | | | | 48 | 012-00 | 000000018 | N |
| TINA | TURNER | 333568755 | 01/01/2000 | | 311 | | | | 48 | 012-00 | 000000018 | N |
| HILLARY | CLINTON | 338685612 | 01/01/2000 | | 311 | 01/01/2000 | 09/30/2003 | 377 | 48 | 012-00 | 000000018 | N |
| BARBARA | BUSH | 339561501 | 01/01/2000 | | 311 | | | | 48 | 012-00 | 000000018 | N |
| JOHN | WAYNE | 343868082 | 01/01/2000 | | 311 | | | | 63 | 012-00 | 000000018 | N |
| JULIA | ROBERTS | 345562469 | 01/01/2000 | | 311 | | | | 43 | 012-00 | 000000018 | N |

DATE: 10/02/2003 — DHS COMMUNITY REPORTING SYSTEM — PAGE: 1
PENDING CASE RECORDS — PROGRAM ID: RPD57000

***** CLIENT ID: 321540558 CLIENT NAME: LULA NORTH
DEM SSN: 321540558 BIRTH DATE: 01/01/1955 RIN: 000000018 CTY/TWP: 012/00

```
          REGISTER      CLOSE    DIAG    MH CILA    GAF     ------ADULT FUNCTIONING-------   PREV   HISTORY
            DATE        DATE     CODE      IND     SCORE    SOC EMP FIN COMM SUPT LIV DANG   IMP   1 2 3 4 5
     MH  01/01/2000              311        N        10      1   1   1    1    1   1    1     1    1 1 1 1 1

***** CLIENT ID: 338685612  CLIENT NAME: HILLARY   CLINTON
     DEM  SSN: 338685612  BIRTH DATE: 01/01/1955 RIN: 000000018  CTY/TWP: 012/00

          ---GUARDIAN---
          TYPE 1  TYPE 2
     GN    03

          REGISTER      CLOSE    DIAG    ----------ICAP SIB-----------
            DATE        DATE     CODE    SERV SCORE   BEHV SCORE  TYPE
     DD  01/01/2000  09/30/2003  377         10          +10         S

          REGISTER      CLOSE    DIAG    MH CILA    GAF     ------ADULT FUNCTIONING-------   PREV   HISTORY
            DATE        DATE     CODE      IND     SCORE    SOC EMP FIN COMM SUPT LIV DANG   IMP   1 2 3 4 5
     MH  01/01/2000              311        N        10      1   1   1    1    1   1    1     1    1 1 1 1 1

***** CLIENT ID: 339561501  CLIENT NAME: BARBARA   BUSH
     DEM  SSN: 339561501  BIRTH DATE: 01/01/1955 RIN: 000000018  CTY/TWP: 012/00

          REGISTER      CLOSE    DIAG    MH CILA    GAF     ------ADULT FUNCTIONING-------   PREV   HISTORY
            DATE        DATE     CODE      IND     SCORE    SOC EMP FIN COMM SUPT LIV DANG   IMP   1 2 3 4 5
     MH  01/01/2000              311        N        17      1   1   1    1    1   1    1     1    1 1 1 1 1

*** TOTAL DEM:     3   TOTAL MH:     3   TOTAL DD:     1   TOTAL GN:     1***



DATE: 10/02/2003          DHS COMMUNITY REPORTING SYSTEM       REPORT ID: RPD55000
FEIN: 123456789                CLIENT INCOME REPORT                 PAGE:     1
                                    ALL RECORDS

_____________________________________________________________________________


Name: LULA   NORTH                 SSN: 321-21-0123
Effective Date: 07/2003
Status: Pending    Submit Date:
```

| | | | | | |
|---|---|---|---|---|---|
| **Avg Earn Income:** | 1000.00 | **Veterans:** | .00 | **CHAMPUS:** | .00 |
| **SSI:** | .00 | **Railroad Ret:** | .00 | **HUD Allow:** | .00 % |
| **SSDI:** | .00 | **Insurance:** | 10.00 | **Other:** | .00 |

**Provider remarks:**

**DHS remarks:**

# Sample Service Reporting/MH Medicaid Billing Reports

```
DATE:   10/02/2003                          DHS COMMUNITY REPORTING SYSTEM
                                              BILLS PENDING BY CLIENT ID                          PAGE:        1
FEIN:   123456789                                  DAILY REPORTING                          PROGRAM ID: RMD31000
AGENCY: TEST AGENCY

                                          SRV          DPA    MED
  STAFF       SERV      SITE/       SERV  HRS   DIAG   SITE   HRS       TOTAL        TOTAL    MH BILLABLE
   ID         DATE      UNIT  PGM   CODE  MIN   CODE   NUM    MIN      AMOUNT       TPL AMT     AMOUNT
_____________________________________________________________________________________________________

****** ENTRY  DATE: 08/07/2003  CLIENT ID/NAME:  318540334  JOHN        DOE            RIN: 000000018 ******
000000061  08/19/2002  05 00  231  3 95 R     1:00  311     001    1:00       80.32          .00        80.32

****** ENTRY  DATE: 07/11/2003  CLIENT ID/NAME:  320780652  AMY       R FISHER          RIN: 080230923 ******
000000101  07/24/2002  05 00  110  4 21 R     5:00  29635   001    5:00      397.20          .00       397.20

****** ENTRY  DATE: 08/07/2003  CLIENT ID/NAME:  350501234 JOHN      A WAYNE           RIN: 152257853 ******
000000123  07/01/2003  01 00  110  0 11 R     5:00  311     001    5:00      576.20          .00       576.20
000000001  07/01/2003  05 00  570  0 36 R     5:00  311     001    4:00      218.88          .00       218.88
```

```
DATE:   10/02/2003                              DHS COMMUNITY REPORTING SYSTEM
                                                   BILLS PENDING BY CLIENT ID                                  PAGE:        3
FEIN:   123456789                                MONTHLY ATTENDANCE REPORTING                                PROGRAM ID: RMD31000
AGENCY: TEST AGENCY
    STAFF           SERV         SITE/              SERV       1 2 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 3 3
      ID            DATE         UNIT      PGM      CODE                       0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1
_____________________________________________________________________________________________________________________________
****** ENTRY  DATE: 09/04/2003  CLIENT ID/NAME:  322222222  JOE         SMITH          RIN: 000000000 ******
  000000123       07/2003                 600         88 D      P P P P P P P P P P P P P P P P P P P P P P P P P P P A A
  000000123       08/2003                 600         88 D      P P P P P P P P P P P P P P P P P P P P P P P P P P P A A
```

```
DATE:   10/02/2003                              DHS COMMUNITY REPORTING SYSTEM
                                                   BILLS PENDING BY CLIENT ID                                  PAGE:        2
FEIN:   123456789                                MONTHLY HOURLY REPORTING                                    PROGRAM ID: RMD31000
AGENCY: TEST AGENCY
    STAFF           SERV       SITE/                SERV
      ID            DATE       UNIT        PGM      CODE
_____________________________________________________________________________________________________________________________
****** ENTRY  DATE: 09/29/2003  CLIENT ID/NAME:  333333333 AMY       F     FISHER       RIN: 088481452 ******
  000000001       08/2003      0500        110       0 37 D                        Total Hours and Minutes:      1:00

  Day of Month -     01    02    03    04    05    06    07    08    09    10    11    12    13    14    15    16
  Time Entries -                                                                                             1:00
  Day of Month -     17    18    19    20    21    22    23    24    25    26    27    28    29    30    31
  Time Entries -
```

```
DATE:   10/02/2003                          DHS COMMUNITY REPORTING SYSTEM
                                               BILLS PENDING BY CLIENT ID                    PAGE:        4
FEIN:   123456789                              MONTHLY HOURLY REPORTING                      PROGRAM ID: RMD31000
AGENCY: TEST AGENCY                             ***  ADJUSTMENTS  ***
    STAFF           SERV       SITE/             SERV
      ID            DATE       UNIT       PGM    CODE
_____________________________________________________________________________________________________
****** ENTRY  DATE: 06/11/2003  CLIENT ID/NAME:  344444444 LULU        NORTH          RIN: 088481452 ******
  000000001       05/2003      0500        110       0 37 D                    Total Hours and Minutes:      0:00

  Day of Month -     01    02    03    04    05    06    07    08    09    10    11    12    13    14    15    16
  Time Entries -
  Day of Month -     17    18    19    20    21    22    23    24    25    26    27    28    29    30    31
  Time Entries -
```

```
DATE:   10/02/2003                          DHS COMMUNITY REPORTING SYSTEM
                                               BILLS PENDING BY CLIENT ID                    PAGE:        5
FEIN:   123456789                                    SERVICE TOTALS                          PROGRAM ID: RMD31000
AGENCY: TEST AGENCY

                ------- SERVICE -------      --------------------------- MH BILLING ---------------------------   -- ATTENDANCE --
 LOC ITEM OPT    HOURS  MINUTES    COUNT      HOURS  MINUTES    COUNT   TOT CHARGE      TOT TPL      MH BILLABLE   PRESENT BEDHOLD
 ON   11   D       10                 1
 ON   11   R       15                 3          9        4        3     1,065.97                   1,065.97
 ON   36   R        5                 1          4                 1       218.88                     218.88
 ON   37   D        2                 2
 OFF  21   R        5                 1          5                 1       397.20                     397.20
 OFF  95   R        1                 1          1                 1        80.32                      80.32
 N/A  88   D                          2                                                                          58

 TOTAL             38                11         19        4        6     1,762.37           .00      1,762.37        58


                  ***  NOTE:  ADJUSTMENTS ARE NOT INCLUDED IN SERVICE TOTALS  ***
```

```
DATE: 10/02/2003             DHS COMMUNITY REPORTING SYSTEM                  PAGE:    1
                          MH BILLABLE DOLLARS BY PROGRAM AND SERVICE ACTIVITY      PROGRAM: RMD35100
AGENCY FEIN: 376147532              *** PENDING REPORT ***
       NAME: TEST AGENCY
```

PROGRAM CODE: 110

| SERV ACTV | # OF CLAIMS | MH BILLABLE AMOUNT | # OF ADJ | CREDIT AMOUNT |
|---|---|---|---|---|
| 11 | 1 | 576.20 | | |
| 21 | 1 | 397.20 | | |
| PROGRAM TOTAL | 2 | 973.40 | | |

DATE: 10/02/2003 MENTAL HEALTH ACCEPTED BILLINGS PAGE: 1
BY PROGRAM AND SERVICE ACTIVITY PROGRAM: RMD35000
AGENCY FEIN: 376147532 FROM 00/00/0000 TO 01/01/9999
AGENCY NAME: TEST AGENCY
PROGRAM CODE: 110

| SERV ACTV | # OF CLAIMS | TOTAL AMOUNT | AUTHORIZED AMOUNT | MEDICAID LIQUIDATED AMOUNT | NON-MEDICAID LIQUIDATED AMOUNT | # OF CLAIMS | TOTAL AMOUNT |
|---|---|---|---|---|---|---|---|
| 03 | 2 | 190.40 | 95.20 | | | | |

DATE: 10/02/2003 MEDICAID PROGRAM BILLING LISTING PAGE: 1

AGENCY FEIN/NAME: 376147532 - TEST AGENCY PROGRAM: RMD34000

Approved Dollars by Program Code

| | FY | DHS TRACKING # | APPROVAL DATE | SITE/ UNIT | PGM | AUTHORIZED AMOUNT | MEDICAID AMOUNT | NON-MEDICAID AMOUNT |
|---|---|---|---|---|---|---|---|---|
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM82055 | 09/2002 | 05/00 | 110 | 217.08 | 108.54 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM82055 | 09/2002 | 05/00 | 231 | 240.96 | 120.48 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM82055 | 09/2002 | 05/00 | 570 | 74.55 | 37.27 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM82055 | 09/2002 | 05/00 | 620 | 962.65 | 481.32 | .00 |
| VOUCHER/DATE TOTALS | 2003 | 3CMM82055 | 09/2002 | | | 1495.24 | 747.61 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM90091 | 09/2002 | 05/00 | 110 | 288.36 | 144.18 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM90091 | 09/2002 | 05/00 | 211 | 115.52 | 57.76 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM90091 | 09/2002 | 05/00 | 570 | 152.53 | 76.26 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMM90091 | 09/2002 | 05/00 | 620 | 549.64 | 274.82 | .00 |
| VOUCHER/DATE TOTALS | 2003 | 3CMM90091 | 09/2002 | | | 1106.05 | 553.02 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMMA0095 | 10/2002 | 05/00 | 110 | 490.09 | 245.04 | .00 |
| SITE/UNIT/PROGRAM TOTALS | 2003 | 3CMMA0095 | 10/2002 | 05/00 | 620 | 1158.84 | 579.42 | .00 |
| VOUCHER/DATE TOTALS | 2003 | 3CMMA0095 | 10/2002 | | | 1648.93 | 824.46 | .00 |
| FY TOTALS | 2003 | | | | | 4250.22 | 2125.09 | .00 |

DATE: 10/02/2003 DHS COMMUNITY REPORTING SYSTEM PAGE: 1

STATUS: Acpt ROCS - Rej Medicaid RMD32000

AGENCY: TEST AGENCY RESULTS OF BILLS SUBMITTED TO DHS

DAILY REPORTING

```
                                                  SRV                BILL
     STAFF   SUBMIT      SERV  SITE/        SERV      HRS                HRS      TOTAL       TOTAL      NET    LIQUIDATION
       ID      DATE      DATE   UNIT  PGM   CODE      MIN                MIN      AMOUNT     TPL AMT    CHARGE     TYPE
_____________________________________________________________________________________________________________________________

*************  CLIENT ID/NAME:       333333332  AMY      R FISHER        RIN: 080230923  *************
   000000028 07/12/2002 11/21/2001  0500  110  0 0A R          :00                1:30     114.24                  114.24
WARNING                             ERROR   117
   000000028 07/12/2002 02/26/2002  0500  110  0 65 R          :00                 :15      15.73                   15.73
WARNING                             ERROR   D01
```

```
DATE: 10/02/2003                          DHS COMMUNITY REPORTING SYSTEM              PAGE: 2
STATUS: Rejected                                                                      RMD32000
AGENCY: TEST AGENCY                       RESULTS OF BILLS SUBMITTED TO DHS
                                                  DAILY REPORTING

                                                  SRV                MED
     STAFF   SUBMIT      SERV  SITE/        SERV      HRS                HRS      TOTAL       TOTAL     NET     LIQUIDATION
       ID      DATE      DATE   UNIT  PGM   CODE      MIN                MIN      AMOUNT     TPL AMT    CHARGE      TYPE
_____________________________________________________________________________________________________________________________
*************  CLIENT ID/NAME:       329999999 LULU        NORTH         RIN: 089984603  *************
   000000075 07/12/2002 07/11/2001  0500  130  3 68 D          :30
WARNING                             ERROR   403
```

DATE: 10/02/03 REPORTING OF COMMUNITY SERVICES (ROCS) SYSTEM PAGE: 4

FEIN: 123456789 SERVICE VARIANCE REPORT

FROM 07/01/2002 THRU 06/30/2003 REPORT ID: RVD57000

AGENCY: TEST AGENCY NETWORK: MHCE

SITE: 01 UNIT: 00 PROGRAM: 110 KEY STATISTIC: C CLIENT HOURS

| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SERVICE UNITS | | | | | | | | | | | | |
| PROJECTED | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 328 |
| ACTUAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| YTD VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| REGISTERED CLIENTS | | | | | | | | | | | | |
| PROJECTED | 112 | 112 | 120 | 125 | 125 | 112 | 122 | 116 | 128 | 116 | 116 | 116 |
| ACTUAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| YTD VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| AVERAGE SERVICE UNITS | | | | | | | | | | | | |
| PROJECTED | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| ACTUAL | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| VARIANCE % | | | | | | | | | | | | |
| YTD VARIANCE % | | | | | | | | | | | | |
| AVERAGE CLIENT CONTACTS | | | | | | | | | | | | |
| ACTUAL | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| NON-REGISTERED CONTACTS | | | | | | | | | | | | |
| PROJECTED | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ACTUAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| YTD VARIANCE % | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 | -100.0 |
| OTHER SERVICES | | | | | | | | | | | | |
| HOURS/MINUTES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ATTENDANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

PRODUCED BY THE STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES OFFICE OF MANAGEMENT INFORMATION SERVICES

## Sample Fee-For-Services Reports

```
AGENCY: 123456789        DHS COMMUNITY REPORTING SYSTEM          DATE: 10/02/03
                                FEE FOR SERVICES              PROGRAM: RSD61000
                                PROVIDER LISTING                 PAGE:        1


                                ****  TAXPAYER ****   START DT  CNTY   OPERATOR
PROVIDER NAME & ADDRESS            ID      SFX  TYPE   TERM  DT   TWP     TYPE

CITY COUNSELING CENTER          377777777 0010 FEIN  04/01/2001  076  TAX EXEMPT
P.O. BOX 123                                                     00
YOUR TOWN, IL 62938             STATUS: ACCEPTED
(618) 555-1212

DUCK            DAISY           333333333 0124 SSN   07/01/2000  044  INDIVIDUAL
PO BOX 1212                                                      00
YOUR TOWN, IL 62995             STATUS: ACCEPTED
(618) 555-1212

DUCK            DONALD          444444444      SSN   04/01/2001  001  TRUST
P.O. BOX 1111                                                    11
YOUR TOWN, IL 62995             STATUS: SUBMITTED
(618) 555-1212

MOUSE           MICKEY          555555555      SSN   04/01/2001  044  INDIVIDUAL
111 DISNEY LANE                                                  00
YOUR TOWN, IL 62995             STATUS: PENDING
(618) 555-1212

MOUSE           MINNIE          666666666 0124 SSN   07/01/2000  044  INDIVIDUAL
111 DISNEY LANE                                                  00
YOUR TOWN, IL 62995             STATUS: ACCEPTED
(618) 555-1212
```

```
AGENCY: 123456789      DHS COMMUNITY REPORTING SYSTEM          DATE: 10/02/03
                              FEE FOR SERVICES               PROGRAM: RSD63000
                             REMITTANCE REPORT                  PAGE:        1
                           01/2001  THRU  01/2001

PROVIDER: CITY COUNSELING CENTER               ID: 363636363 0010

 PROGRAM: 31U    DEVELOP TRAINING
                                                  TOP
                                    SERV          LINE
INDVDL ID  INDIVIDUAL NAME          DATE    UNITS RATE    CHARGE   VOUCHER  IND

332563178 ROBERT BLAKE          09/2003 103:00   8.78    904.34  1SDP44277


*** PROGRAM SUMMARY ***                CHARGE TOTAL:     904.34


*** PROVIDER SUMMARY ***               CHARGE TOTAL:     904.34

   DHS VOUCHER    VOUCHER DATE   VOUCHER AMOUNT
   1SDP44277        20010514           904.34
                                  -----------
                                       904.34


*** VOUCHER GRAND TOTAL ***            904.34









IND * - AN ADJUSTMENT HAS BEEN MADE BUT NOT YET PROCESSED BY DHS
    # - CHARGE MAY HAVE BEEN REDUCED BY CLIENT INCOME INFO OR BEDHOLD PERCENT
    ~ - UNITS INCLUDE DAY(S) OF BEDHOLD
```

AGENCY: 123456789 DHS COMMUNITY REPORTING SYSTEM DATE: 10/02/03
FEE FOR SERVICES PROGRAM: RSD64000
REJECTED BILLINGS LISTING PAGE: 1

PROVIDER: CITY COUNSELING CENTER ID: 363636363

| INDIVIDUAL NAME | | INDVDL ID | PGM | SERV DATE | SERV UNITS | RATE | CHARGE | RJ CD |
|---|---|---|---|---|---|---|---|---|
| BOBBY | JONES | 111111111 | 55A | 04/2003 | 3:00 | 31.84 | 95.52 | 75 |
| BOBBY | JONES | 111111111 | 55B | 04/2003 | 14:45 | 12.84 | 189.39 | 75 |
| TOMMY | SMITH | 222222222 | 31U | 04/2003 | 115:30 | 8.78 | 1014.09 | 75 |
| DAVY | JAMESON | 333333333 | 31U | 04/2003 | 104:00 | 8.78 | 913.12 | 75 |
| BOBBY | JONES | 111111111 | 31U | 05/2003 | 24:15 | 8.78 | 212.92 | 75 |
| BOBBY | JONES | 111111111 | 55A | 05/2003 | 4:00 | 31.84 | 127.36 | 75 |
| BOBBY | JONES | 111111111 | 55B | 05/2003 | 28:30 | 12.84 | 365.94 | 75 |
| KEN | HAMILTON | 444444444 | 31U | 05/2003 | 27:30 | 8.78 | 241.45 | 75 |
| MIKEY | MCCOY | 555555555 | 31U | 05/2003 | 11:00 | 8.78 | 96.58 | 75 |
| SALLY | ROGERS | 666666666 | 31U | 06/2003 | 96:00 | 8.78 | 842.88 | 74 |
| MARY | MOORE | 777777777 | 55B | 06/2003 | 45:00 | 12.84 | 577.80 | 72 |
| BOBBY | JONES | 111111111 | 31U | 06/2003 | 30:30 | 8.78 | 267.79 | 75 |
| GREG | BRADY | 355523713 | 31U | 06/2003 | 112:30 | 8.78 | 987.75 | 74 |
| JOHN | SMITH | 888888888 | 31U | 06/2003 | 131:45 | 8.78 | 1156.77 | 74 |
| MARTHA | WASHINGTON | 999999999 | 31U | 06/2003 | 125:30 | 8.78 | 1101.89 | 74 |
| KIMMY | JONES | 323232323 | 55B | 07/2003 | 29:00 | 12.84 | 372.36 | 72 |
| BOBBY | JONES | 111111111 | 31U | 07/2003 | 58:00 | 8.78 | 509.24 | 75 |
| TAMMY | BAKER | 454545454 | 31U | 08/2003 | 125:15 | 8.78 | 1099.70 | 75 |
| KIMMY | JONESUM | 323232323 | 55B | 08/2003 | 55:30 | 12.84 | 712.62 | 72 |
| BOBBY | JONES | 111111111 | 31U | 08/2003 | 98:00 | 8.78 | 860.44 | 75 |
| TAMMY | BAKER | 454545454 | 55B | 08/2003 | 40:30 | 12.84 | 520.02 | 72 |

```
 AGENCY: 123456789      DHS COMMUNITY REPORTING SYSTEM          DATE: 10/02/03
                               FEE FOR SERVICES              PROGRAM: RSD65000
                               PAYMENTS LISTING                 PAGE:        1

 INDIVIDUAL: 222222222   ROBERT    E BLAKE

                                                SERV   VOUCHER    VCHR     AMOUNT
 PROVIDER ID          PROVIDER NAME    PGM    DATE   NUMBER     DATE      PAID

444444444 0010 CITY COUNSELING CENTER  31U    07/03 1SDP44277  05/14/01   904.34

 *** PROGRAM SUMMARY ***          DEVELOP TRAINING             TOTAL:     904.34

 *** INDIVIDUAL SUMMARY ***                                    TOTAL:     904.34
```

```
 AGENCY: 123456789      DHS COMMUNITY REPORTING SYSTEM          DATE: 10/02/03
                               FEE FOR SERVICES              PROGRAM: RSD65000
                               PAYMENTS LISTING                 PAGE:        2

 INDIVIDUAL: 333333333   JOHNNY      QUARTERBACK

                                                SERV   VOUCHER    VCHR     AMOUNT
 PROVIDER ID          PROVIDER NAME    PGM    DATE   NUMBER     DATE      PAID

222222222 0010 CITY COUNSELING CENTER  31U    07/03 1SDU64256  07/15/01    78.20
                                              01/01 1SDU64256  07/15/01    78.20
                                              01/01 1SDU64256  07/15/01    71.74

 *** PROGRAM SUMMARY ***          DEVELOP TRAINING             TOTAL:     228.14

 *** INDIVIDUAL SUMMARY ***                                    TOTAL:     228.14
```

AGENCY: 123456789 DHS COMMUNITY REPORTING SYSTEM DATE: 10/02/03
FEE FOR SERVICES PROGRAM: RSD66000
PROGRAM BILLING SUMMARY PAGE: 1

PROGRAM: 31U
DEVELOP TRAINING

| INDIVIDUAL NAME | | PROVIDER NAME | SERV DT | BILL AMT | CURR STAT |
|---|---|---|---|---|---|
| CRAWFORD | JOAN | CITY COUNSELING CENTER | 03/2003 | 1009.70 | ACCEPTED |
| | | | 04/2003 | 1009.70 | ACCEPTED |
| | | | 05/2003 | 836.30 | ACCEPTED |
| | | | 06/2003 | 842.88 | REJECTED |
| | | | 07/2003 | 979.11 | ACCEPTED |
| | | | 08/2003 | 1087.90 | ACCEPTED |
| DAVIS | BETTE | CITY COUNSELING CENTER | 03/2003 | 1009.70 | ACCEPTED |
| | | | 04/2003 | 1009.70 | ACCEPTED |
| | | | 05/2003 | 1009.70 | ACCEPTED |
| | | | 07/2003 | 1083.17 | ACCEPTED |
| | | | 08/2003 | 1087.90 | ACCEPTED |

AGENCY: 123456789 DHS COMMUNITY REPORTING SYSTEM DATE: 10/03/03
FEE FOR SERVICES PROGRAM: RSD68100
FY: 2004 SERVICE AGREEMENTS PAGE: 1

PROVIDER ID/NAME: 987654321 DPA PROVIDER

| INDIVIDUAL NAME/ID | PGM | EFF/TERM DATES | RATE | MAX UNITS | MAX CHARGE |
|---|---|---|---|---|---|
| DOE, JOHN<br>111111111 | DPA-G | 07/01/2003<br>06/30/2004 | 1101.52 | 1 | 1101.52 |

AGENCY: 123456789 DHS COMMUNITY REPORTING SYSTEM DATE: 10/03/03
SPECIALIZED SERVICES PROGRAM: RSD68400
INDIVIDUALS ENROLLED IN DPA FUNDED DT PAGE: 1

| INDIVIDUAL NAME/ID | PROVIDER NAME/ID | EFF/TERM DATES | MONTHLY AMOUNT | STATUS |
|---|---|---|---|---|
| BAKER, TAMMY<br>333333333 | PYLE, GOMER<br>121267676 | 07/01/2002<br>06/30/2003 | 34.44 | UNKNOWN |
| DOE, JOHN<br>111111111 | DPA PROVIDER<br>987654321 | 07/01/2003<br>06/30/2004 | 1101.52 | UNKNOWN |

# Sample Agency Plan Reports

```
AGY FEIN:  362105580    DHS COMMUNITY REPORTING SYSTEM         DATE: 06/06/2003
NETWORK:   MHMN                AGENCY PLAN 2.0                 PRGM: APD11010
FISCAL YR: 2003        PROGRAM SERVICE AND FUNDING PLAN        PAGE: 1 OF 2

      FEIN/UMBRELLA AGENCY NAME:  362105580 TEST
      FUNDING INDICATOR: 1  DHS GRANT FUNDED
      SITE: 01 UNIT: 01
      PROGRAM SERVICE CODE: 110
      SITE/UNIT/PROGRAM NAME: OUTPATIENT
                    ADDRESS: 100 ST
                CITY/ST/ZIP: SPRINGFIELD, IL 62704-0000
      PROGRAM SERVICE CAPACITY:       10
      NUMBER OF DAYS OPEN DURING THE YEAR:  20

      DAYS AND TIME OF PROGRAM SERVICE OPERATION:
                                SUN   MON  TUES   WED  THUR   FRI   SAT
          DAYS OPEN                    X     X     X
          EVENINGS OPEN
          24 HOURS OPEN
          ANSWERING SERVICE
      LENGTH OF PROGRAM SERVICE DAY:

      GEOGRAPHIC IMPACT:
               TWNSP                    TWNSP           COUNTY  TWNSP
       COUNTY  COM A   %       COUNTY  COM A   %       COUNTY  COM A   %
        083     00   100

                                                                TOTAL:  100%
      PRIMARY POPULATION:       AGE GROUPS:
                   %                     %
         MI       100            0-3
         DD                      4-12   100
         OTHER                  13-17
                                18-22
         TOTAL:   100           23-64
                                65+
                                TOTAL:  100
```

```
AGY FEIN:  123456789    DHS COMMUNITY REPORTING SYSTEM         DATE: 06/06/2003
NETWORK:   MHMN                AGENCY PLAN 2.1                 PRGM: APD11010
FISCAL YR: 2003        PROGRAM SERVICE AND FUNDING PLAN        PAGE: 2 OF 2

      SITE: 01 UNIT: 01  PROGRAM SERVICE: 110

      KEY STATISTIC: C

      P R O J E C T E D   S E R V I C E   U N I T S
               TOTAL PROJ     REGISTERED       AVE UNITS      CONTACTS
    MONTH      SERV UNITS     INDIVIDUALS    PER REG IND      NON-REG
    JULY                             8              .
    AUGUST          100                             .
    SEPTEMBER                                       .
    OCTOBER                          8              .
    NOVEMBER                         6              .
    DECEMBER                                        .
    JANUARY                                         .
    FEBRUARY                                        .
    MARCH                                           .
    APRIL                                           .
    MAY                                             .
    JUNE                                            .
    TOTALS:         100              8

      PROJECTED OPERATING EXPENSE:            PROJECTED GRANT DISBURSEMENT:
       1ST QTR:        100                             TOTAL:         100
       2ND QTR:
       3RD QTR:
       4TH QTR:
         TOTAL:        100

      PROJECTED REVENUE:             100
      PROJ SURPLUS/DEFICIT
      COST OF PRODUCTION             100
      TOT EXPS NET COST PROD           0
      TOT & MH/DD UNIT COST          .00      12.50
```

**Program Service and Funding Plan (2.0/2.1)**

AGENCY FEIN: 123456789 DHS COMMUNITY REPORTING SYSTEM DATE: 06/06/03
NETWORK: MHSO AGENCY PLAN 2.3 PROGRAM: APD11030
FISCAL YEAR: 2002 PERSONNEL INFORMATION PAGE 1 OF 1

PROGRAM NAME: PSYCHIATRIC MEDICATI SITE: 01 UNIT: 04 PROGRAM: 574
FTE: 15.0 HOURS PER WEEK PERCENT MH/DD-FUNDED: 77%

| | TOTAL FTEs | ANNUAL SALARY |
|---|---|---|
| ADMINISTRATION | | |
| CEO-President-Executive Director | 1.000 | |
| Assistant | | |
| Bookkeeper | 2.750 | |
| Business Manager | | |
| Public Relations | | |
| Other: NANCY TEST | 3.100 | |
| TOTAL SALARY | | $ 247,500 |
| PROGRAM SERVICE | | |
| Program Service Manager | | |
| Licensed Practitioner of the Healing Arts (LPHA) | | |
| Qualified Mental Health Professional (QMHP) | | |
| Qualified Mental Retardation Professional (QMRP) | | |
| Mental Health Professional (MHP) | | |
| Rehabilitative Services Associate (RSA) | | |
| Other Direct Service Workers | | |
| Other: | | |
| TOTAL SALARY | | $ |
| SUPPORT SERVICES | | |
| Consultant/Contractual | | |
| Housekeeping, Cooks, Laundry, Transportation, Groundskeeper | | |
| Other: | | |
| TOTAL SALARY | | $ |

# APPENDIX G

**SEQUENTIAL FILE LAYOUTS**

**Case Registration Information File Layouts**
**Service Reporting/MH Billing File Layouts**
**Fee For Services File Layouts**

## I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Client ID | 1 | 9 | 9 | N | |
| Record Type | 10 | 10 | 1 | X | value: M<br>Mental Health Record |
| MH Closing Date | 11 | 18 | 8 | N | |
| MH Registration Date | 19 | 26 | 8 | N | |
| Record Status | 27 | 27 | 1 | X | blank - pending<br>S - submitted<br>A - accepted<br>R - rejected |
| Case Status | 28 | 28 | 1 | X | A - active<br>I - inactive |
| Residential Arrangement | 29 | 30 | 2 | N | |
| Household Composition | 31 | 32 | 2 | N | |
| Diagnosis Code Type | 33 | 33 | 1 | X | *No longer needed.*<br>Value: spaces |
| Principal Diagnosis | 34 | 34 | 1 | X | *No longer needed.*<br>Value: spaces |
| Diagnosis Axis I #1<br>*(Axes are obsolete)* | 35 | 39 | 5 | X | *(Will be retained for existing ICD-9 codes, updated codes will be moved to new area)* |
| Diagnosis Axis I #2<br>*(Axes are obsolete)* | 40 | 44 | 5 | X | *(Will be retained for existing ICD-9 codes, updated codes will be moved to new area)* |
| | | | | | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Diagnosis Axis I #3 *(Axes are obsolete)* | 45 | 49 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis II #1 *(Axes are obsolete)* | 50 | 54 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis II #2 *(Axes are obsolete)* | 55 | 59 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis II #3 *(Axes are obsolete)* | 60 | 64 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis III #1 *(Axes are obsolete)* | 65 | 69 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis III #2 *(Axes are obsolete)* | 70 | 74 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis III #3 *(Axes are obsolete)* | 75 | 79 | 5 | X | (*Will be retained for existing ICD-9 codes, updated codes will be moved to new area*) |
| Diagnosis Axis V - GAF/CGAS Score | 80 | 81 | 2 | N | |
| | | | | | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Diagnosis Axis V - GAF/CGAS Scale Used | 82 | 82 | 1 | X | C - CGAS<br>G - GAF |
| Client Functioning Adult - Social Group / School | 83 | 84 | 2 | X | |
| Client Functioning Adult - Employment | 85 | 86 | 2 | X | |
| Client Functioning Adult - Financial | 87 | 88 | 2 | X | |
| Client Functioning Adult - Community Living | 89 | 90 | 2 | X | |
| Client Functioning Adult - Supportive Social | 91 | 92 | 2 | X | |
| Client Functioning Adult - Daily Living Activity | 93 | 94 | 2 | X | |
| Client Functioning Adult - Inappropriate or Dangerous Behavior | 95 | 96 | 2 | X | |
| Client Functioning Adult - Previous Functional Impairment | 97 | 98 | 2 | X | |
| Client Functioning C & A - Self Care | 99 | 100 | 2 | X | |
| Client Functioning | 101 | 102 | 2 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| C & A - Community | | | | | |
| Client Functioning C & A - Social Relations | 103 | 104 | 2 | X | |
| Client Functioning C & A - Family Relations | 105 | 106 | 2 | X | |
| Client Functioning C & A - School | 107 | 108 | 2 | X | |
| Illness History #1 | 109 | 110 | 2 | X | |
| Illness History #2 | 111 | 112 | 2 | X | |
| Illness History #3 | 113 | 114 | 2 | X | |
| Illness History #4 | 115 | 116 | 2 | X | |
| Illness History #5 | 117 | 118 | 2 | X | |
| MH CILA Enrollment | 119 | 119 | 1 | X | |
| Satellite Code | 120 | 121 | 2 | 9 | |
| Household Size | 122 | 123 | 2 | N | |
| Household Income | 124 | 129 | 6 | N | |
| Client Income | 130 | 135 | 6 | N | |
| Co-occurring disorders | 136 | 136 | 1 | X | |
| Justice System Involvement | 137 | 137 | 1 | X | |
| Functional Impairment (MCAS) | 138 | 154 | 17 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Physical Health<br>Intellectual Funct.<br>Thought Processes<br>Mood Abnormality<br>Responses to Stress & Anxiety<br>Ability to Manage Money<br>Independence in Daily Life<br>Acceptance of Illness<br>Social Acceptability<br>Social Interest<br>Social Effectiveness<br>Social Network<br>Meaningful Activity<br>Medication Compliance<br>Cooperation with Treatment Providers<br>Alcohol/Drub Abuses<br>Impulse Control | | | | | |
| Functional Impairment (CAFAS)<br>School/Work<br>Home<br>Community<br>Behavior Toward Others<br>Mood/Emotion<br>Self-Harmful Behavior<br>Substance Use<br>Thinking<br>Material Needs<br>Family/Social Support | 155 | 174 | 20 | X | |
| DLA Meeting Info | 175 | 176 | 2 | X | |
| DLA Agency Involvement | 177 | 178 | 2 | X | |
| | | | | | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| DLA Date | 179 | 186 | 8 | N | |
| Filler | 187 | 188 | 2 | X | |
| Cross Disab. Date | 189 | 196 | 8 | N | |
| Cross Disab. Caregiver Age | 197 | 198 | 2 | X | |
| Cross Disab. Svc. Needed | 199 | 200 | 2 | X | |
| Cross Disab. Svc. Sought | 201 | 202 | 2 | X | |
| Cross Disab. Svc. Needed Description | 203 | 232 | 30 | X | |
| Cross Disab. Svc. Sought Description | 233 | 262 | 30 | X | |
| MH Diagnosis Code Type 1 | 263 | 263 | 1 | X | |
| MH Diagnosis Code 1 | 264 | 271 | 8 | X | |
| MH Diagnosis Code Type 2 | 272 | 272 | 1 | X | |
| MH Diagnosis Code 2 | 273 | 280 | 8 | X | |
| MH Diagnosis Code Type 3 | 281 | 281 | 1 | X | |
| MH Diagnosis Code 3 | 282 | 289 | 8 | X | |
| MH Diagnosis Code Type 4 | 290 | 290 | 1 | X | |
| MH Diagnosis Code 4 | 291 | 298 | 8 | X | |
| MH Diagnosis Code Type 5 | 299 | 299 | 1 | X | |
| MH Diagnosis Code 5 | 300 | 307 | 8 | X | |
| MH Diagnosis Code Type 6 | 308 | 308 | 1 | X | |
| MH Diagnosis Code 6 | 309 | 316 | 8 | X | |
| MH Diagnosis Code Type 7 | 317 | 317 | 1 | X | |
| MH Diagnosis Code 7 | 318 | 325 | 8 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| MH Diagnosis Code Type 8 | 326 | 326 | 1 | X | |
| MH Diagnosis Code 8 | 327 | 334 | 8 | X | |
| MH Diagnosis Code Type 9 | 335 | 335 | 1 | X | |
| MH Diagnosis Code 9 | 336 | 343 | 8 | X | |
| Filler | 344 | 389 | 46 | X | |
| At Closing- Disposition | 390 | 391 | 2 | X | |
| At Closing- Diagnosis Axis V - GAF/CGAS Score | 392 | 393 | 2 | N | |
| At Closing- Diagnosis Axis V - GAF/CGAS Scale Used | 394 | 394 | 1 | X | |
| Submit Date | 395 | 402 | 8 | X | |
| Process Date | 403 | 410 | 8 | X | |
| Reject Code 1 | 411 | 413 | 3 | X | |
| Reject Code 2 | 414 | 416 | 3 | X | |
| Reject Code 3 | 417 | 419 | 3 | X | |
| Reject Code 4 | 420 | 422 | 3 | X | |
| Reject Code 5 | 423 | 425 | 3 | X | |
| Update Time Stamp | 426 | 439 | 14 | X | |
| Software Indicator | 440 | 440 | 1 | X | |
| Software Version | 441 | 444 | 4 | X | |
| Sequence Number | 445 | 450 | 6 | X | |
| Medicaid Site ID | 451 | 453 | 3 | N | |
| | | | | | |

I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Client First Name | 454 | 467 | 14 | X | |
| Client Middle Initial | 468 | 468 | 1 | X | |
| Client Last Name | 469 | 498 | 30 | X | |
| Client Name Suffix | 499 | 501 | 3 | X | |
| Mother's Maiden Last Name | 502 | 531 | 30 | X | |
| Social Security Number | 532 | 540 | 9 | N | |
| RIN (recipient ID) | 541 | 549 | 9 | N | |
| State Operated Facility ID | 550 | 558 | 9 | N | |
| Birth Date | 559 | 566 | 8 | N | |
| Sex | 567 | 567 | 1 | X | |
| Race | 568 | 569 | 2 | X | |
| Hispanic Origin | 570 | 571 | 2 | X | |
| Language | 572 | 573 | 2 | X | |
| Client's Current County | 574 | 576 | 3 | X | |
| Client's Current Township/Community Area | 577 | 578 | 2 | X | |
| Race | 579 | 586 | 8 | X | |
| Interpreter | 587 | 587 | 1 | X | |
| Education Level | 588 | 589 | 2 | X | |
| Employment Status | 590 | 591 | 2 | X | |
| Marital Status | 592 | 592 | 1 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| SSI-SSDI Eligibility | 593 | 593 | 1 | X | |
| DFI-CFI Enrollment | 594 | 594 | 1 | X | |
| Citizenship | 595 | 595 | 1 | X | |
| Military Status | 596 | 596 | 1 | X | |
| Court/Forensic Treatment | 597 | 598 | 2 | X | |
| Provider Optional Field A | 599 | 608 | 10 | X | |
| Provider Optional Field B | 609 | 618 | 10 | X | |
| Provider Optional Field C | 619 | 628 | 10 | X | |
| Satellite Code | 629 | 630 | 2 | N | |
| DHS Case ID | 631 | 643 | 13 | X | |
| Previous Client ID | 644 | 652 | 9 | X | |
| Client Address - Street | 653 | 692 | 40 | X | |
| Client Address - City | 693 | 712 | 20 | X | |
| Client Address - State | 713 | 714 | 2 | X | |
| Client Address - Zip | 715 | 719 | 5 | N | |
| Client Address - Zip Suffix | 720 | 723 | 4 | X | |
| Disaster Guest State | 724 | 725 | 2 | X | |
| Disaster Guest City | 726 | 728 | 3 | X | |
| Disaster Guest Type | 729 | 730 | 2 | X | |

## I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Guardian 1 Type | 731 | 732 | 2 | X | |
| Guardian 1 Name | | | | | |
| First Name | 733 | 746 | 14 | X | |
| MI | 747 | 747 | 1 | X | |
| Last Name | 748 | 777 | 30 | X | |
| Guardian 1 Address | | | | | |
| Address | 778 | 817 | 40 | X | |
| City | 818 | 837 | 20 | X | |
| State | 838 | 839 | 2 | X | |
| Zip | 840 | 844 | 5 | X | |
| Zip-Sfx | 845 | 848 | 4 | X | |
| Guardian 1 - Appointment Date | 849 | 856 | 8 | N | |
| Guardian 2 Type | 857 | 858 | 2 | X | |
| Guardian 2 Name | | | | | |
| First Name | 859 | 872 | 14 | X | |
| MI | 873 | 873 | 1 | X | |
| Last Name | 874 | 903 | 30 | X | |
| Guardian 2 Address | | | | | |
| Address | 904 | 943 | 40 | X | |
| City | 945 | 963 | 20 | X | |
| State | 964 | 965 | 2 | X | |
| Zip | 966 | 970 | 5 | X | |
| Zip-Sfx | 971 | 974 | 4 | X | |
| Guardian 2 - Appointment Date | 975 | 982 | 8 | N | |
| Load Indicator | 983 | 983 | 1 | X | |

## I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Client ID | 1 | 9 | 9 | N | |
| Record Type | 10 | 10 | 1 | X | value: D<br>DD Record |
| DD Closing Date | 11 | 18 | 8 | N | |
| DD Registration Date | 19 | 26 | 8 | N | |
| Record Status | 27 | 27 | 1 | X | blank - pending<br>S - submitted<br>A - accepted<br>R - rejected |
| Case Status | 28 | 28 | 1 | X | A - active<br>I - inactive |
| Residential Arrangement | 29 | 30 | 2 | N | |
| Individuals in Setting | 31 | 32 | 2 | X | |
| Client's Origin County | 33 | 35 | 3 | X | |
| Client's Origin Township/Community Area | 36 | 37 | 2 | X | |
| Client's Origin Zip Code | 38 | 42 | 5 | N | |
| Client's Origin Zip Suffix | 43 | 46 | 4 | X | |
| Age at Onset | 47 | 48 | 2 | N | |
| ICAP/SIB Service Score | 49 | 50 | 2 | N | |
| ICAP/SIB Behavioral Score Indicator | 51 | 51 | 1 | X | P = positive<br>N = negative |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| ICAP/SIB Behavioral Score | 52 | 53 | 2 | N | |
| ICAP/SIB Score Type | 54 | 54 | 1 | X | |
| Diagnosis Code Type | 55 | 55 | 1 | X | (*No longer needed for ICD-10, will become a filler area*) |
| Principal Diagnosis Indicator | 56 | 56 | 1 | X | (*No longer needed for ICD-10, will become a filler area*) |
| Diagnosis Axis I #1 *(Axes are obsolete)* | 57 | 61 | 5 | X | (*Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area*) |
| Diagnosis Axis I #2 *(Axes are obsolete)* | 62 | 66 | 5 | X | (*Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area*) |
| Diagnosis Axis I #3 *(Axes are obsolete)* | 67 | 71 | 5 | X | (*Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area*) |
| Diagnosis Axis II #1 *(Axes are obsolete)* | 72 | 76 | 5 | X | (*Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area*) |
| Diagnosis Axis II #2 *(Axes are obsolete)* | 77 | 81 | 5 | X | (*Will be retained for existing ICD-9 codes. Updated and new codes* |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| | | | | | ***will be moved to new area***) |
| **Diagnosis Axis II #3** ***(Axes are obsolete)*** | **82** | **86** | **5** | **X** | (***Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area***) |
| **Diagnosis Axis III #1** ***(Axes are obsolete)*** | **87** | **91** | **5** | **X** | (***Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area***) |
| **Diagnosis Axis III #2** ***(Axes are obsolete)*** | **92** | **96** | **5** | **X** | (***Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area***) |
| **Diagnosis Axis III #3** ***(Axes are obsolete)*** | **97** | **101** | **5** | **X** | (***Will be retained for existing ICD-9 codes. Updated and new codes will be moved to new area***) |
| **DD Diagnosis Code Type 1** | **102** | **102** | **1** | **X** | |
| **DD Diagnosis Code 1** | **103** | **110** | **8** | **X** | |
| **DD Diagnosis Code Type 2** | **111** | **111** | **1** | **X** | |
| **DD Diagnosis Code 2** | **112** | **119** | **8** | **X** | |
| **DD Diagnosis Code Type 3** | **120** | **120** | **1** | **X** | |
| **DD Diagnosis Code 3** | **121** | **128** | **8** | **X** | |
| **DD Diagnosis Code Type 4** | **129** | **129** | **1** | **X** | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| DD Diagnosis Code 4 | 130 | 137 | 8 | X | |
| DD Diagnosis Code Type 5 | 138 | 138 | 1 | X | |
| DD Diagnosis Code 5 | 139 | 146 | 8 | X | |
| DD Diagnosis Code Type 6 | 147 | 147 | 1 | X | |
| DD Diagnosis Code 6 | 148 | 155 | 8 | X | |
| DD Diagnosis Code Type 7 | 156 | 156 | 1 | X | |
| DD Diagnosis Code 7 | 157 | 164 | 8 | X | |
| DD Diagnosis Code Type 8 | 165 | 165 | 1 | X | |
| DD Diagnosis Code 8 | 166 | 173 | 8 | X | |
| DD Diagnosis Code Type 9 | 174 | 174 | 1 | X | |
| DD Diagnosis Code 9 | 175 | 182 | 8 | X | |
| Filler | 183 | 353 | 171 | X | |
| Satellite Code | 354 | 355 | 2 | N | |
| Mobility | 356 | 356 | 1 | X | |
| Filler | 357 | 388 | 32 | X | |
| At Closing-Disposition | 389 | 390 | 2 | X | |
| At Closing-Residential Arrangement | 391 | 392 | 2 | X | |
| At Closing-Individuals in Setting | 393 | 394 | 2 | X | |
| Submit Date | 395 | 402 | 8 | X | |
| Process Date | 403 | 410 | 8 | X | |

I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Reject Code 1 | 411 | 413 | 3 | X | |
| Reject Code 2 | 414 | 416 | 3 | X | |
| Reject Code 3 | 417 | 419 | 3 | X | |
| Reject Code 4 | 420 | 422 | 3 | X | |
| Reject Code 5 | 423 | 425 | 3 | X | |
| Update Time Stamp | 426 | 439 | 14 | X | |
| Software Indicator | 440 | 440 | 1 | X | |
| Software Release | 441 | 444 | 4 | X | |
| Sequence Number | 445 | 450 | 6 | X | |
| Medicaid Site ID | 451 | 453 | 3 | N | |
| Client First Name | 454 | 467 | 14 | X | |
| Client Middle Initial | 468 | 468 | 1 | X | |
| Client Last Name | 469 | 498 | 30 | X | |
| Client Name Suffix | 499 | 501 | 3 | X | |
| Mother's Maiden Last Name | 502 | 531 | 30 | X | |
| Social Security Number | 532 | 540 | 9 | N | |
| RIN (recipient ID) | 541 | 549 | 9 | N | |
| State Operated Facility ID | 550 | 558 | 9 | N | |
| Birth Date | 559 | 566 | 8 | N | |
| Sex | 567 | 567 | 1 | X | |

I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Race | 568 | 569 | 2 | X | |
| Hispanic Origin | 570 | 571 | 2 | X | |
| Language | 572 | 573 | 2 | X | |
| Client's Current County | 574 | 576 | 3 | X | |
| Client's Current Township/Community Area | 577 | 578 | 2 | X | |
| Race | 579 | 586 | 8 | X | |
| Interpreter Services | 587 | 587 | 1 | X | |
| Education Level | 588 | 589 | 2 | X | |
| Employment Status | 590 | 591 | 2 | X | |
| Marital Status | 592 | 592 | 1 | X | |
| SSI-SSDI Eligibility | 593 | 593 | 1 | X | |
| DFI-CFI Enrollment | 594 | 594 | 1 | X | |
| Citizenship | 595 | 595 | 1 | X | |
| Military Status | 596 | 596 | 1 | X | |
| Court/Forensic Treatment | 597 | 598 | 2 | X | |
| Provider Optional Field A | 599 | 608 | 10 | X | |
| Provider Optional Field B | 609 | 618 | 10 | X | |
| Provider Optional Field C | 619 | 628 | 10 | X | |

## I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Satellite Code | 629 | 630 | 2 | N | |
| DHS Case ID | 631 | 643 | 13 | X | |
| Previous Client ID | 644 | 652 | 9 | X | |
| Client Address - Street | 653 | 692 | 40 | X | |
| Client Address - City | 693 | 712 | 20 | X | |
| Client Address - State | 713 | 714 | 2 | X | |
| Client Address - Zip | 715 | 719 | 5 | N | |
| Client Address - Zip Suffix | 720 | 723 | 4 | X | |
| Disaster Guest State | 724 | 725 | 2 | X | |
| Disaster Guest City | 726 | 728 | 3 | X | |
| Disaster Guest Type | 729 | 730 | 2 | X | |
| Guardian 1 Type | 731 | 732 | 2 | X | |
| Guardian 1 Name | | | | | |
| First Name | 733 | 746 | 14 | X | |
| MI | 747 | 747 | 1 | X | |
| Last Name | 748 | 777 | 30 | X | |
| Guardian 1 Address | | | | | |
| Address | 778 | 817 | 40 | X | |
| City | 818 | 837 | 20 | X | |
| State | 838 | 839 | 2 | X | |
| Zip | 840 | 844 | 5 | X | |
| Zip-Sfx | 845 | 848 | 4 | X | |

I. CASE REGISTRATION INFORMATION FILE LAYOUTS

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Guardian 1 - Appointment Date | 849 | 856 | 8 | N | |
| Guardian 2 Type | 857 | 858 | 2 | X | |
| Guardian 2 Name | | | | | |
| First Name | 859 | 872 | 14 | X | |
| MI | 873 | 873 | 1 | X | |
| Last Name | 874 | 903 | 30 | X | |
| Guardian 2 Address | | | | | |
| Address | 904 | 943 | 40 | X | |
| City | 944 | 963 | 20 | X | |
| State | 964 | 965 | 2 | X | |
| Zip | 966 | 970 | 5 | X | |
| Zip-Sfx | 971 | 974 | 4 | X | |
| Guardian 2 - Appointment Date | 975 | 982 | 8 | N | |
| Load Indicator | 983 | 983 | 1 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Agency FEIN | 1 | 9 | 9 | N | |
| Filler | 10 | 11 | 2 | X | |
| Agency Satellite Code | 12 | 13 | 2 | N | |
| Client ID | 14 | 22 | 9 | A | |
| Record Type | 23 | 23 | 1 | X | D - Daily Record<br>S - Rejected Adjustment |
| Record Status | 24 | 24 | 1 | X | space-un-submitted<br>S - submitted<br>M - rejected by DHS<br>P - rejected by DPA<br>N - suspended<br>K - accepted<br>V - approved, not vouchered<br>L - accepted ROCS rejected Medicaid |
| Client First Name | 25 | 38 | 14 | X | |
| Client Middle Initial | 39 | 39 | 1 | X | |
| Client Last Name | 40 | 69 | 30 | X | |
| Birth Date | 70 | 77 | 8 | N | |
| RIN (recipient ID) | 78 | 86 | 9 | N | |
| Case ID Number | 87 | 99 | 13 | N | |
| Site Number | 100 | 101 | 2 | X | |
| Unit Code | 102 | 103 | 2 | X | |
| Program Code | 104 | 106 | 3 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Activity Code | 107 | 108 | 2 | X | |
| Location Code | 109 | 109 | 1 | X | |
| Billing Option | 110 | 110 | 1 | X | |
| Start Sequence Number | 111 | 114 | 4 | N | |
| Service Year | 115 | 118 | 4 | N | |
| Service Month | 119 | 120 | 2 | N | |
| Service Day | 121 | 122 | 2 | N | |
| Staff ID 1 | 123 | 131 | 9 | N | |
| Staff ID 2 | 132 | 140 | 9 | N | |
| Staff ID 3 | 141 | 149 | 9 | N | |
| Staff ID 4 | 150 | 158 | 9 | N | |
| Staff ID 5 | 159 | 167 | 9 | N | |
| Staff ID 6 | 168 | 176 | 9 | N | |
| Filler | 177 | 206 | 30 | X | |
| Group ID | 207 | 211 | 5 | X | |
| Number of staff in group | 212 | 213 | 2 | X | |
| Number of clients in group | 214 | 216 | 3 | X | |
| Agency Optional Data | 217 | 226 | 10 | X | |
| Contractor FEIN | 227 | 235 | 9 | N | |
| Service Recipient Code | 236 | 236 | 1 | N | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Hours | 237 | 238 | 2 | N | |
| Minutes | 239 | 240 | 2 | N | |
| MH Billable Hours | 241 | 242 | 2 | N | MH Billing only |
| MH Billable Minutes | 243 | 244 | 2 | N | MH Billing only |
| Location Description | 245 | 261 | 17 | X | MH Billing only |
| Diagnosis Code | 262 | 266 | 5 | X | MH Billing only |
| Medicaid Site ID | 267 | 269 | 3 | N | MH Billing only |
| Charge Amount | 270 | 276 | 7 | N | MH Billing only |
| Net Charge Amount | 277 | 283 | 7 | N | MH Billing only |
| Total TPL Amount | 284 | 290 | 7 | N | MH Billing only |
| TPL Data 2 occurrences | 291 | 332 | 42 | X | MH Billing only |
| Agency Net Charge Amount | 333 | 339 | 7 | N | MH Billing only |
| Net Approved Amount | 340 | 346 | 7 | N | MH Billing only |
| DHS Tracking Number | 347 | 356 | 10 | X | MH Billing only |
| DPA Voucher Number | 357 | 367 | 11 | X | MH Billing only |
| Payment FY | 368 | 371 | 4 | X | MH Billing only |
| Prev Medicaid Hrs | 372 | 373 | 2 | N | |
| Prev Medicaid Minutes | 374 | 375 | 2 | N | |
| Prev Approved Amount | 376 | 382 | 7 | N | |
| Filler | 383 | 383 | 1 | X | |
| DPA Dup Indicator | 384 | 384 | 1 | X | MH Billing only |
| Orig Medicaid Hrs | 385 | 386 | 2 | N | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Orig Medicaid Minutes | 387 | 388 | 2 | N | |
| Orig Approved Amount | 389 | 395 | 7 | N | |
| Orig MH Tracking Nbr | 396 | 405 | 10 | X | |
| Orig Pay FY | 406 | 409 | 4 | X | |
| Start Time | 410 | 413 | 4 | N | |
| Total Dollars Spent | 414 | 419 | 6 | N | |
| Segment Indicator | 420 | 420 | 1 | X | |
| Filler | 421 | 429 | 9 | X | |
| Adjustment Indicator | 430 | 430 | 1 | X | |
| Mental Health Billing Indicator | 431 | 431 | 1 | X | |
| Submit Date | 432 | 439 | 8 | X | |
| Process Date | 440 | 447 | 8 | X | |
| Acceptance Indicator | 448 | 449 | 2 | X | |
| Approval Date | 450 | 457 | 8 | N | |
| Document Control Number | 458 | 474 | 17 | N | |
| Prior FY Indicator | 475 | 475 | 1 | X | |
| Cycle Number | 476 | 476 | 1 | X | |
| Warning Codes<br>3 occurrences<br>3 positions | 477 | 485 | 9 | X | |
| Error Codes<br>5 occurrences<br>3 positions | 486 | 500 | 15 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Update Time-stamp | 501 | 514 | 14 | X | |
| Software Indicator | 515 | 515 | 1 | X | |
| Software Version | 516 | 519 | 4 | X | |
| Sequence Number | 520 | 525 | 6 | X | |

**II. SERVICE REPORTING/MH BILLING FILE LAYOUTS**

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Agency FEIN | 1 | 9 | 9 | N | |
| Filler | 10 | 11 | 2 | X | |
| Agency Satellite Code | 12 | 13 | 2 | N | |
| Client ID | 14 | 22 | 9 | N | |
| Record Type | 23 | 23 | 1 | X | M - Monthly Record<br>R - Rejected<br>Adjustment |
| Record Status | 24 | 24 | 1 | X | space- un-submitted<br>S - submitted<br>M - rejected<br>K - accepted |
| Client First Name | 25 | 38 | 14 | X | |
| Client Middle Initial | 39 | 39 | 1 | X | |
| Client Last Name | 40 | 69 | 30 | X | |
| Birth Date | 70 | 77 | 8 | N | |
| RIN (recipient ID) | 78 | 86 | 9 | N | |
| Case ID Number | 87 | 99 | 13 | N | |
| Site Number | 100 | 101 | 2 | X | |
| Unit Code | 102 | 103 | 2 | X | |
| Program Code | 104 | 106 | 3 | X | |
| Activity Code | 107 | 108 | 2 | X | |
| Location Code | 109 | 109 | 1 | X | |
| Billing Option | 110 | 110 | 1 | X | |
| Sequence Number | 111 | 114 | 4 | N | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Service Year | 115 | 118 | 4 | N | |
| Service Month | 119 | 120 | 2 | N | |
| Filler | 121 | 122 | 2 | N | VALUE = 00 |
| Staff ID 1 | 123 | 131 | 9 | N | |
| Staff ID 2 | 132 | 140 | 9 | N | |
| Staff ID 3 | 141 | 149 | 9 | N | |
| Staff ID 4 | 150 | 158 | 9 | N | |
| Staff ID 5 | 159 | 167 | 9 | N | |
| Staff ID 6 | 168 | 176 | 9 | N | |
| Filler | 177 | 206 | 30 | X | |
| Group ID | 207 | 211 | 5 | X | |
| Number of staff in group | 212 | 213 | 2 | N | |
| Number of clients in group | 214 | 216 | 3 | N | |
| Agency Optional Data | 217 | 226 | 10 | X | |
| Contractor FEIN | 227 | 235 | 9 | N | |
| Service Recipient Code | 236 | 236 | 1 | N | |
| Hours/Minutes<br>(Hours 2 positions)<br>(Mins 2 positions)<br>31 occurrences<br>4 positions | 237 | 360 | 124 | X | |
| Type Entry | 361 | 361 | 1 | X | H - Hours/Minutes |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Filler | 362 | 429 | 68 | X | |
| Adjustment Indicator | 430 | 430 | 1 | X | |
| Medicaid Indicator | 431 | 431 | 1 | X | |
| Submit Date | 432 | 439 | 8 | X | |
| Process Date | 440 | 447 | 8 | X | |
| Acceptance Indicator | 448 | 449 | 2 | X | |
| Approval Date | 450 | 457 | 8 | N | |
| Document Control Number | 458 | 474 | 17 | N | |
| Prior FY Indicator | 475 | 475 | 1 | X | |
| Cycle Number | 476 | 476 | 1 | X | |
| Warning Codes<br>3 occurrences<br>3 positions | 477 | 485 | 9 | X | |
| Error Codes<br>5 occurrences<br>3 positions | 486 | 500 | 15 | X | |
| Update Time-stamp | 501 | 514 | 14 | X | |
| Software Indicator | 515 | 515 | 1 | X | |
| Software Version | 516 | 519 | 4 | X | |
| Sequence Number | 520 | 525 | 6 | X | |
| Agency FEIN | 1 | 9 | 9 | N | |
| Filler | 10 | 11 | 2 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Agency Satellite Code | 12 | 13 | 2 | N | |
| Client ID | 14 | 22 | 9 | N | |
| Record Type | 23 | 23 | 1 | X | M - Monthly Record<br>R - Rejected Adjustment |
| Record Status | 24 | 24 | 1 | X | space- un-submitted<br>S - submitted<br>M - rejected<br>K - accepted |
| Client First Name | 25 | 38 | 14 | X | |
| Client Middle Initial | 39 | 39 | 1 | X | |
| Client Last Name | 40 | 69 | 30 | X | |
| Birth Date | 70 | 77 | 8 | N | |
| RIN (recipient ID) | 78 | 86 | 9 | N | |
| Case ID Number | 87 | 99 | 13 | N | |
| Site Number | 100 | 101 | 2 | X | |
| Unit Code | 102 | 103 | 2 | X | |
| Program Code | 104 | 106 | 3 | X | |
| Activity Code | 107 | 108 | 2 | X | |
| Location Code | 109 | 109 | 1 | X | |
| Billing Option | 110 | 110 | 1 | X | |
| Sequence Number | 111 | 114 | 4 | N | |
| Service Year | 115 | 118 | 4 | N | |
| Service Month | 119 | 120 | 2 | N | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Filler | 121 | 122 | 2 | N | VALUE = 00 |
| Staff ID 1 | 123 | 131 | 9 | N | |
| Staff ID 2 | 132 | 140 | 9 | N | |
| Staff ID 3 | 141 | 149 | 9 | N | |
| Staff ID 4 | 150 | 158 | 9 | N | |
| Staff ID 5 | 159 | 167 | 9 | N | |
| Staff ID 6 | 168 | 176 | 9 | N | |
| Filler | 177 | 206 | 30 | X | |
| Group ID | 207 | 211 | 5 | X | |
| Number of staff in group | 212 | 213 | 2 | N | |
| Number of clients in group | 214 | 216 | 3 | N | |
| Agency Optional Data | 217 | 226 | 10 | X | |
| Contractor FEIN | 227 | 235 | 9 | N | |
| Service Recipient Code | 236 | 236 | 1 | N | |
| Days<br>(Attendance 1)<br>(Filler 3)<br>31 occurrences<br>4 positions | 237 | 360 | 124 | X | P - Present<br>A - Absent<br>B - Bedhold |
| Type Entry | 361 | 361 | 1 | X | A - Attendance |
| Filler | 362 | 429 | 68 | X | |
| Adjustment Indicator | 430 | 430 | 1 | X | |

| Field Name | From | Thru | Size | PIC | Description |
|---|---|---|---|---|---|
| Medicaid Indicator | 431 | 431 | 1 | X | |
| Submit Date | 432 | 439 | 8 | X | |
| Process Date | 440 | 447 | 8 | X | |
| Acceptance Indicator | 448 | 449 | 2 | X | |
| Approval Date | 450 | 457 | 8 | N | |
| Document Control Number | 458 | 474 | 17 | N | |
| Prior FY Indicator | 475 | 475 | 1 | X | |
| Cycle Number | 476 | 476 | 1 | X | |
| Warning Codes<br>3 occurrences<br>3 positions | 477 | 485 | 9 | X | |
| Error Codes<br>5 occurrences<br>3 positions | 486 | 500 | 15 | X | |
| Update Time-stamp | 501 | 514 | 14 | X | |
| Software Indicator | 515 | 515 | 1 | X | |
| Software Version | 516 | 519 | 4 | X | |
| Sequence Number | 520 | 525 | 6 | X | |

**III. FEE FOR SERVICES PROVIDER FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Provider ID<br>Number<br>Suffix | <br>9<br>4 | <br>1-9<br>10-13 | <br>Taxpayer ID number (IRS Designation)<br>Taxpayer ID suffix (if assigned by your agency) |
| Filler | 4 | 14-17 | Not used |
| Provider Name | 30 | 18-47 | Legal name of the provider. |
| Start Date | 8 | 48-55 | Date on which the provider began providing services. Format: YYYYMMDD |
| Termination Date | 8 | 56-63 | Date on which the provider stopped providing services. Format: YYYYMMDD |
| Filler | 14 | 64-77 | Not used |
| Provider Type | 1 | 78-78 | Indicates Community Integrated Living Arrangement services provider |
| Filler | 1 | 79-79 | Not used |
| Provider Type | 3 | 80-82 | Indicates Purchase of Care, Home-Based Support Services provider, and Supported Living Services provider |
| Filler | 2 | 83-84 | Not used |
| Provider Type SS | 1 | 85-85 | Indicates Specialized Services provider |
| Address 1 | 30 | 170-199 | Provider Street or box number. |

**III. FEE FOR SERVICES PROVIDER FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Address 2 | 30 | 200-229 | Additional address information for provider. |
| City | 17 | 230-246 | Provider community. |
| State | 2 | 247-248 | Post Office abbreviation for provider state. |
| Zip Code | 9 | 249-257 | Post Office designation for provider zip code. |
| Attention | 25 | 258-282 | Name to whom daily mail will be addressed. |
| Phone Number | 10 | 283-292 | Provider area code and general number. |
| Extension | 4 | 293-296 | Extension of provider telephone number. |
| TDD Number | 10 | 297-306 | Provider TDD number. |
| Region | 2 | 307-308 | System generated. |
| Planning Area | 2 | 309-310 | System generated. |
| County | 3 | 311-313 | Provider county. |
| Township/CA | 2 | 314-315 | Provider township/community area. |
| Filler | 8 | 316-323 | Not used. |
| Bank Account Number | 17 | 324-340 | Bank account number if warrant is to be mailed to a bank. |
| Warrant Info: | | | |
| Name | 30 | 341-370 | Name of person or business warrant is to be mailed to. |
| Address - 1 | 30 | 371-400 | Warrant street or box number. |

III. FEE FOR SERVICES PROVIDER FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Address - 2 | 30 | 401-430 | Post Office abbreviation for warrant state. |
| City | 17 | 431-447 | Warrant community. |
| State | 2 | 448-449 | Post Office abbreviation for warrant state. |
| Zip Code | 9 | 450-458 | Post Office designation warrant zip code. |
| Phone Nbr | 10 | 459-468 | Warrant area code and general number. |
| Extension | 4 | 469-472 | Extension of warrant telephone number. |
| Contact Name | 30 | 473-502 | Name of primary person to contact. |
| Contact Title | 20 | 503-522 | Title of contact person. |
| Phone Number | 10 | 523-532 | Telephone number of contact person. |
| Extension | 4 | 533-536 | Extension of contact person telephone number. |
| PASARR Number | 9 | 537-545 | PASARR Agency Fein number. |
| Exec Director Name | 30 | 546-575 | Name of the Chief Executive Officer. |
| Exec Director Title | 20 | 576-595 | Title of Chief Executive Officer. |
| Fax Number | 10 | 596-605 | Provider FAX number. |
| Modem Number | 10 | 606-615 | Provider Modem number. |
| Filler | 1 | 616-616 | Not used. |

**III. FEE FOR SERVICES PROVIDER FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Type of Control | 1 | 617-617 | Operator of business.<br>I - Individual<br>S - Sole Proprietorship<br>P - Partnership<br>C - For Profit Corporation<br>N - Not-for-Profit<br>R - Real Estate Agent<br>K - County Agency<br>G - Other Government<br>E - Trust/Estate<br>H - Medical/Health Care Corporation<br>T - 501(a) Tax Exempt |
| Filler | 22 | 618-639 | Not Used. |
| Remarks | 72 | 640-711 | For use by the agency. |
| TIN Type | 2 | 712-713 | Taxpayer ID number type approved by the Comptroller's Office.<br>01: Federal Employer Identification Number<br>02: Social Security Number<br>03: Government Unit Code<br>04: Comptroller-assigned number for certain non-reportable payments<br>05: Vendor awaiting assignment of Taxpayer ID number<br>06: Comptroller-assigned number for nonresident alien, foreign corporation or foreign partnership |
| Filler | 61 | 714-774 | Not used. |

**III. FEE FOR SERVICES PROVIDER FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Reject Code | 2 | 775-776 | Rejection code indicating the reason the provider transaction was not accepted by DHS. This field is returned after the transaction has been processed by DHS. |
| Action Code | 1 | 777-777 | Last action taken on transaction (A = add, C = change) |
| Record Status | 1 | 778-778 | Status of the provider transaction.<br>blank: pending-transaction not yet sent to DHS<br>S: submitted-transaction sent to DHS<br>A: accepted-DHS accepted the provider<br>R: rejected-DHS rejected the provider |
| Submittal Date | 8 | 779-786 | Date the provider transaction was written to the diskette file for submission to DHS.<br>Format: YYYYMMDD |
| Timestamp | 14 | 787-800 | Date/time provider record was entered/changed.<br>Format: century, year, month, day, hour, minutes, seconds. |

**III. FEE FOR SERVICE BILLING FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Fiscal Year | 4 | 1-4 | Fiscal year of the billing transaction.<br>Format: century, year. |
| Service Date | 6 | 5-10 | Date of the billing transaction.<br>Format: century, year, month. |
| Individual ID | 8 | 11-19 | Social Security Number of the person receiving service. |
| Provider ID<br>Number<br>Suffix | <br>9<br>4 | <br>20-28<br>29-32 | <br>Taxpayer ID number(IRS Designation)<br>Taxpayer ID suffix(if assigned by your agency) |
| Program Code | 3 | 33-35 | Program number through which services were provided. |
| Filler | 1 | 36-36 | Not used. |
| Service Code | 1 | 37-38 | This is a multi-purpose field and the value is based on the DHS program code number.<br>1.) For Bogard Specialized Services programs, indicates whether the service was provided in an individual or group setting.<br>Valid values:<br>I - individual<br>G - group<br>2.) For the In-Home Respite DD program (code 87D), indicates the rate level. Valid |

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| | | | values: 1, 2, or 3<br>3.) For Residential Respite DD program (code 89D), indicates the resident location number.<br>Valid values: 01 - 99<br>4.) For Personal Support program (code 55V), indicates the entry number. Valid values: 1 - 5<br>5.) For Behavioral Intervention & Treatment (56U), report the provider type. Valid values:<br>1 - Clinical Psychologist or Board-certified Behavior Analyst<br>2 - Other<br>6.) For Emergency Home Response (55W), report the charge type.<br>1 - One-time installation<br>2 - Monthly Fee<br>7.) Effective Fiscal Year 2019, for program codes 30U, 31A, 31U, 37U, 38U, 39G, 39U, 53D and 53R, report the rate level. Valid values: 1 or 2<br>8.) Effective April 2019, for program code 31C, report the rate level. Valid values: 1 or 2.<br>9.) For all other programs, this field is blank (spaces). |
| | | | |

III. FEE FOR SERVICE BILLING FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Filler | 1 | 39-39 | Not used. |
| Billing Unit | 1 | 40-40 | Billing unit for the program.<br>E - Event<br>H = Hourly<br>D = Per Diem |
| Total Serv Units | | | System generated. Format depends upon billing unit. |
| o Event | 5 | 41-45 | Total number of service events for the month. |
| OR | | | |
| o Hourly | 3 | 41-43 | Total hours of service for the month. |
| | 2 | 44-45 | Total minutes of service for the month. |
| OR | | | |
| o Per Diem | 5 | 41-45 | Total number of present and bedhold days. |
| Rate | 5 | 46-50 | Program rate. Format: 9(3)V99 |
| Monthly Charge | 7 | 51-57 | System generated. Format: 9(5)V99 |
| Mileage | 6 | 58-63 | For the In-Home Respite program (codes 87D and 87M), indicates the amount due for mileage. Format: 9(4)V99<br>For all other programs, not used. |
| Number of Overnight Stays | 2 | 64-65 | For the In-Home Respite program (codes 87D and 87M), indicates the number of overnight stays due for reimbursement. Valid values: 01-31<br>For all other programs, not |

III. FEE FOR SERVICE BILLING FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| | | | used. |
| Filler | 3 | 66-68 | DHS use only. |
| Staff ID | 9 | 69-77 | Staff ID or name. For agency use only. |
| From Date | 2 | 78-79 | First day of service billed for the month. |
| Thru Date | 2 | 80-81 | Last day of service billed for the month. |
| Individual Name:<br>First Name<br>Middle Init<br>Last Name | <br>9<br>1<br>14 | <br>82-90<br>91-91<br>92-105 | Name of person receiving services. |
| Problem Area | 2 | 106-107 | Problem area of the person receiving service.<br>DD - Developmental Disabilities<br>DL - Dual (MH and DD) |
| Optional Data | 10 | 108-117 | For use by the agency. |

**III. FEE FOR SERVICE BILLING FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| **Daily Units** | **217** | **118-334** | **Units of service for each day of the month. Format depends upon billing unit. There are 31 occurrences and each daily value is 7 positions.** |
| **Examples** | | | |
| **o Event Day 1** | **6** | **118-123** | **Total amount billed DHS for the day** |
| | **1** | **124-124** | **Total events for the day.** |
| **OR** | | | |
| **o Hourly Day 1** | **2** | **118-119** | **Total service hours for the day.** |
| | **2** | **120-121** | **Exact total service minutes for the day.** |
| | **3** | **122-124** | **Not used.** |
| **OR** | | | |
| **o Per Diem 1** | **1** | **118-118** | **Valid values:**<br>**P = present**<br>**A = absent**<br>**Bed-hold values:**<br>**H = Hospitalization**<br>**C = Convalescent care**<br>**S = Short term SODC**<br>**F = Family/home visit**<br>**I = Incarceration** |
| | **6** | **119-124** | **Not used.** |
| **Filler** | **2** | **335-336** | **DHS used only.** |

III. FEE FOR SERVICE BILLING FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Unit | 2 | 337-338 | This field is used for program codes 31U, 36G, 36U, 38U, 39G, and 39U. It is the unit of the corresponding grant funded unit/program. |
| Payee Prov ID Number | 9 | 339-347 | Taxpayer ID number (IRS designation) |
| Payee Prov ID Suffix | 4 | 348-351 | Taxpayer ID suffix (if assigned by your agency) |
| PAS Agent | 9 | 352-360 | PASARR agency assigned by DHS |
| Filler | 5 | 361-365 | Not used. |
| Cycle Date | 6 | 366-371 | Date DHS processed the billing. Format: century, year, month |
| Filler | 4 | 372-375 | DHS use only. |
| Reject Code | 2 | 376-377 | Rejection code indicating the reason the billing was not accepted. |
| Record Status | 1 | 378-378 | Status of the billing transaction.<br>blank: pending-request not yet sent to DHS<br>S: submitted-request has been sent to DHS<br>A: accepted-DHS accepted payment request<br>R: rejected-DHS rejected payment request |

**III. FEE FOR SERVICE BILLING FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| **Submittal Date** | **8** | **379-386** | **Date the billing was written to the diskette/modem file for submission to DHS.<br>Format: century, year, month, day** |
| **Timestamp** | **14** | **387-400** | **Date/time the billing was entered/adjust.<br>Format: century, year, month, day,<br>hour, minutes, seconds** |

## III. FEE FOR SERVICE VOUCHER FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Fiscal Year | 4 | 1-4 | Fiscal year of billing transaction. Format: century, year. |
| Record Type | 1 | 5-5 | Record type of billing transaction. |
| Provider ID<br>Number<br>Suffix | <br>9<br>4 | <br>6-14<br>15-18 | <br>Taxpayer ID number(IRS Designation)<br>Taxpayer ID suffix(if assigned by your agency) |
| Filler | 6 | 19-24 | Not used. |
| Program Code | 3 | 25-27 | Program number through which services were provided. |
| Filler | 1 | 28-28 | Not used. |
| Service Code | 2 | 29-30 | This is a multi-purpose field and the value is based on the DHS program code number.<br>1.) For Bogard Specialized Services programs, indicates whether the service was provided in an individual or group setting.<br>Valid values:<br>I - individual<br>G - group<br>2.) For the In-Home Respite DD program (code 87D), indicates the rate level.<br>Valid values: 1, 2, or 3<br>3.) For Residential Respite |

**III. FEE FOR SERVICE VOUCHER FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| | | | DD program (code 89D), indicates the resident location number.<br>Valid values: 01 - 99<br>4.) For Personal Support program (code 55V), indicates the entry number. Valid values: 1 - 5<br>5.) For Behavioral Intervention & Treatment (56U), report the provider type. Valid values:<br>1 - Clinical Psychologist or Board-certified Behavior Analyst<br>2 - Other<br>6.) For Emergency Home Response (55W), report the charge type.<br>1 - One-time installation<br>2 - Monthly Fee<br>7.) Effective Fiscal Year 2019, for program codes 30U, 31A, 31U, 37U, 38U, 39G, 39U, 53D and 53R, report the rate level.<br>Valid values: 1 or 2<br>8.) Effective April 2019, for program code 31C, report the rate level. Valid values: 1 or 2.<br>9.) For all other programs, this field is blank (spaces). |
| | | | |

## III. FEE FOR SERVICE VOUCHER FILE

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Filler | 3 | 31-33 | Not used. |
| Service Date | 6 | 34-39 | Date of the billing transaction.<br>Format: century, year, month. |
| Individual ID | 9 | 40-48 | Social Security Number of the person receiving service. |
| Voucher Info: | | | |
| Number | 10 | 49-55 | Voucher number. |
| Suffix | 3 | 56-58 | Voucher suffix. |
| Date | 8 | 59-66 | Date voucher was produced.<br>Format: century, year, month, day |
| Fund Code | 2 | 67-68 | Funding code voucher was paid from. |
| Amt Paid | 7 | 69-75 | Amount paid on the voucher for this billing. Format: 9(05)V99 |
| C/D Ind | 1 | 76-76 | Indicates whether amount paid was a credit or debit.<br>C: Credit-negative<br>D: Debit-positive |
| Billing Info: | | | |
| Cycle Date | 6 | 77-82 | Date DHS processed the billing.<br>Format: century, year, month |
| Cycle Seq | 2 | 83-84 | Sequence number of the billing cycle. |
| Filler | 36 | 85-120 | Not used. |

**III. FEE FOR SERVICE SERVICE AGREEMENT FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Fiscal Year | 4 | 1-4 | Fiscal year of service agreement.<br>Format: century, year |
| Individual ID | 9 | 5-13 | Social Security Number of the person receiving service. |
| Provider ID<br>Number<br>Suffix | <br>9<br>4 | <br>14-22<br>23-26 | <br>Taxpayer ID number(IRS Designation)<br>Taxpayer ID suffix(if assigned by your agency) |
| Filler | 6 | 27-32 | Not used. |
| Program Code | 3 | 33-35 | Program number for services to be provided. |
| Filler | 1 | 36-36 | Not used. |
| Service Code | 1 | 37-37 | Indicates whether the service agreement is for billing at the individual or group rate. |
| Filler | 3 | 38-40 | Not used. |
| Effective Date | 8 | 41-48 | Effective date of the service agreement.<br>Format: century, year, month, day. |
| Termination Date | 8 | 49-56 | Termination date of the service agreement.<br>Format: century, year, month, day. |

**III. FEE FOR SERVICE SERVICE AGREEMENT FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Billing Unit | 1 | 57-57 | Billing unit for the program.<br>E - Event<br>H - Hourly |
| Rate | 6 | 58-63 | Program rate. Format 9(4)V99 |
| Maximum Mo Units | | | Total maximum service units for the month. Format depends upon billing unit. |
| o Event | 5 | 64-68 | Total number of service events for the month. |
| OR | | | |
| o Hourly | 3 | 64-66 | Total hours of service for the month. |
| | 2 | 67-68 | Total minutes of service for the month. |
| Maximum Monthly Amount | 6 | 69-74 | System generated. Format: 9(4)V99 |
| Monthly Amount Billed | 72 | 75-146 | System generated from the billings entered. |
| There are 12 occurrences. | | | Format: 9(4)V99 |
| July | | 75-80 | |
| August | | 81-86 | |
| September | | 87-92 | |
| October | | 93-98 | |
| November | | 99-104 | |
| December | | 105-110 | |
| January | | 111-116 | |
| February | | 117-122 | |
| March | | 123-128 | |
| April | | 129-134 | |
| May | | 135-140 | |
| | | 141-146 | |

**III. FEE FOR SERVICE SERVICE AGREEMENT FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Void Indicator | 1 | 147-147 | Indicates the service agreement has been voided. |
| Record Status | 1 | 148-148 | Status of the service agreement transaction.<br>blank: pending-not yet sent to DHS<br>S: submitted-agreement has been sent to DHS<br>A: accepted-DHS accepted service agreement<br>R: rejected-DHS rejected service agreement<br>I: incomplete-missing data on service agreement<br>V: voided-service agreement was invalid |
| Submittal Date | 8 | 149-156 | Date the service agreement was written to the diskette/modem file for submission.<br>Format: century, year, month, day. |
| DHS Accept Date | 8 | 157-164 | Date the service agreement was accepted by DHS.<br>Format: century, year, month, day. |
| Reject Code | 2 | 165-166 | Rejection code indicating the reason the service agreement was not accepted by DHS. |
| Filler | 20 | 167-186 | Not used. |

**III. FEE FOR SERVICE SERVICE AGREEMENT FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Timestamp | 14 | 187-200 | Date/time the service agreement was entered/ adjusted.<br>Format: century, year, month, day, hour, minutes, seconds. |

**III. FEE FOR SERVICE CLIENT INCOME FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Provider ID Number (FEIN) | 9 | 1-9 | Taxpayer ID number (IRS Designation). |
| Social Security Number (SSN) | 9 | 10-18 | The client's social security number (SSN). |
| Effective Date | 6 | 19-24 | Starting date on which the client income information should be used in rate calculations. FORMAT: century, year, month |
| Previous Effective Date | 6 | 25-30 | Previous effective date of the client income information. FORMAT: century, year, month |
| Individual Name:<br>First Name<br>Middle Init<br>Last Name | <br>9<br>1<br>14 | <br>31-39<br>40<br>41-54 | Complete legal name of the client as reported on the Client's Case Information. |
| Entry Date | 8 | 55-62 | Date last updated at PC. FORMAT: CCYYMMDD |
| Filler | 2 | 63-64 | |
| Earned Income | 7 | 65-71 | Projected average monthly earned income, based on past earnings and anticipated future earnings, for the effective time period of this record. FORMAT: 9(5)v99 |
| SSI | 7 | 72-78 | Monthly Supplemental Security Income (SSI) benefit for the effective time period of this record. FORMAT: 9(5)v99 |

**III. FEE FOR SERVICE CLIENT INCOME FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| SSDI | 7 | 79-85 | Monthly Social Security Disability Insurance benefit for the effective time period of this record. FORMAT: 9(5)v99 |
| Veteran Award | 7 | 86-92 | Monthly Veteran's Award benefit for the effective time period of this record. FORMAT: 9(5)v99 |
| Railroad Retirement | 7 | 93-99 | Monthly Railroad Retirement benefit for the effective time period of this period. FORMAT: 9(5)v99 |
| Insurance | 7 | 100-106 | Monthly private insurance benefit for the effective time period of this record. FORMAT: 9(5)v99 |
| CHAMPUS | 7 | 107-113 | Monthly CHAMPUS benefit for the effective time period of this record. FORMAT: 9(5)v99 |
| HUD Allowance | 7 | 114-120 | Monthly HUD allowance for the effective time period of this client. FORMAT: 9(5)v99 |
| Other | 7 | 121-127 | Any other monthly income for the effective time period of this record. FORMAT: 9(5)v99 |
| Provider Remarks | 76 | 128-203 | Explanatory notes reported by the provider |
| DHS Remarks | 76 | 204-279 | Explanatory notes returned from the results of DHS |

**III. FEE FOR SERVICE CLIENT INCOME FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| | | | processing. |
| Submit Date | 8 | 280-287 | The date on which the record was last submitted to DHS for processing. |
| Sequence Number | 6 | 288-293 | The diskette number assigned by DHS for processing. |
| Record Status | 1 | 294 | Status of the client income record:<br>Blank: pending-record not sent to DHS.<br>S: submitted-record sent to DHS for processing.<br>A: accepted-record accepted by DHS.<br>R: rejected-record rejected by DHS. |
| Reject Code | 2 | 295-296 | Code indicating the reason the client income information was rejected by DHS. This field is returned after the record has been processed by DHS. |
| Software Indicator | 1 | 297 | Y = DHS Software |
| Process Date | 8 | 298-305 | Date on which the transaction was processed by DHS.<br>FORMAT: CCYYMMDD |
| Software Version | 4 | 306-309 | Indicates the version of the DHSROCS software when entry was done. |

**III. FEE FOR SERVICE CLIENT INCOME FILE**

| Field Name | Lgth | Position | Description |
|---|---|---|---|
| Time Stamp | 14 | 310-323 | Date and time of latest action.<br>FORMAT: CCYYMMDDHHMMSS<br>century-year<br>Month<br>Day<br>Hours (2)<br>Minutes (2)<br>Seconds (2) |
| Filler | 78 | 324-400 | Spaces |

# APPENDIX H

**MENTAL HEALTH MEDICAID**

**THIRD PARTY LIABILITY**

**DATA SPECIFICATIONS**

**(TPL)**

**This data is required if the individual has Third Party Liability (TPL) coverage.**

| Data Item | Description |
|---|---|
| **Code (TPL)** | Report the TPL code contained on the individual's Medical Eligibility Card (MEC). If the TPL code on the card is only 3 digits, enter a space and then the 3 digit code in this field. If payment was received from a third party resource not listed on the MEC, report the appropriate TPL code. If none of the TPL codes are applicable to the source of payment, enter space and code 999. (See "Medical Assistance Program Handbook for Physicians" General Appendix 9 for valid TPL codes.) |
| Status (TPL) | The appropriate code indicating the disposition of the third party billing. If no TPL code is reported, this field must equal spaces. Valid TPL status codes are:<br><br>**01** - TPL Adjudicated - Total Payment Shown: TPL Status Code 01 is to be reported when payment has been received from individual third party resource. The amount of payment received must be reported in the TPL amount field.<br><br>**02** - TPL Adjudicated - Individual Not Covered: TPL Status Code 02 is to be reported when advised by the third party resource that the individual was not insured at the time goods or services were provided.<br><br>**03** - TPL Adjudicated - Service Not Covered: TPL Status Code 03 is to be reported when advised by the third party resource that goods or services provided are not covered.<br><br>**04** - TPL Adjudicated - Spend-Down Met: TPL Status Code 04 is to be reported when the individual's Form 2432, Split Billing Transmittal shows $0 liability. |

| Data Item | Description |
|---|---|
| | **05 -** Client not covered: TPL: Status Code 05 is to be reported when a client informs the clinic that the third party resource identified on the Medical Eligibility Card is not in force; |
| Status (TPL) (Continued) | (Continued)<br><br>**06 -** Services not covered: TPL Status Code 06 is to be reported when the clinic determines that the identified resource is not applicable to the service provided;<br><br>**07 - Third Party Adjudication Pending**: TPL Status Code 07 may be reported when an invoice has been submitted to the third party and reasonable follow-up efforts to obtain payment have failed.<br><br>**10** - Deductible Not Met: TPL Status Code 10 is to be reported when the clinic has been informed by the third party resource that nonpayment of the service was because the deductible was not met. |
| Amount (TPL) | Report the amount of payment received from the third party resource. A dollar amount is required if TPL Status Code 01 was reported in TPL Status Code field. |
| Date (TPL) | A TPL date is required when any status code is reported in the TPL status code field. Report the following dates for specific TPL status codes:<br>**01** - Third Party Adjudication date<br>**02** - Third Party Adjudication date<br>**03 -** Third Party Adjudication date<br>**04** - Date from DPA 2432<br>**05** - Date of Service<br>**06** - Date of Service<br>**07** - Date of Submittal to TPL Resource<br>**10** - Third Party Adjudication date |

# APPENDIX I

SPECIAL MH ACTIVITY CODE INSTRUCTIONS

**This appendix has been intentionally removed.**

**The information previously contained in this appendix has been posted in a separate document on the DHS web page.**

# APPENDIX J

**INFORMATION TRANSFER AND SYSTEM ACCESS INSTRUCTIONS**
**(FTP)**

# Illinois Department of Human Services
# Information Transfer and System Access Instructions

**File Transfer Protocol (FTP) Instructions**

Each community provider must register with the Illinois Department of Human Services (DHS), Management Information Services (MIS), in order to submit their Mental Health, Developmental Disabilities, and/or Alcohol and Substance Abuse information to the department using FTP. The community provider will be assigned a "FTP Provider ID" that will be used to identify their information when submitting and receiving the appropriate files through FTP. If the provider wishes files to be returned to different locations within their provider, they must have a satellite code assigned using the normal procedure. The new satellite code does not change the data entry process; it only creates a new mailing address.

The community provider must complete the "Community Provider FTP Registration Request" form to receive a FTP Provider ID. This form only needs to be completed once for each location. The form must be signed by the Executive Director then forwarded to the appropriate MH/DD/ASA person for signature.

**System Access Instructions**

Each staff member at the community provider that will be responsible for the FTP, e-RIN, Mobius View-Direct, SIS On-Line, DMH Jail Link, and/or MedScreen processes must complete the "Community Provider User ID and System Access Request" form. This form is used to assign the DHS User ID and grant access to the systems identified. This form is also used if the staff member possesses a current DHS User ID and needs to request access to additional systems. The form must be signed by the requesting staff person and the Executive Director then forwarded to the appropriate MH/DD/ASA person for signature. **Note**: The initial password for users will be their DHS User ID and they will be required to change the password the first time they use the ID.

**Please see attached chart for DHS authorized persons and addresses to which providers should submit their requests for approval and signature.**

**DHS/MIS Processing**

After the forms have been signed by the DHS authorized individual, he/she forwards the forms to the MIS, Bureau of Security, Planning, and Quality Assurance (BSPQA) for assignment of the FTP Provider ID and/or DHS User ID and system access. Once the request has been processed, BSPQA will notify the authorizing DHS individual and the community provider via e-mail.

The **DHS individual** may mail or fax the forms to MIS/BSPQA.

Management Information Services
Bureau of Security, Planning, & Quality Assurance Fax: 217/ 557-3443
100 South Grand Avenue East, 1st Floor
Springfield, IL 62762

**DHS Individuals Authorized to Approve and Sign Requests**

| Division | Location | Person | Address | Phone /Fax Number |
|---|---|---|---|---|
| DD | Central Office | Janene VanBebber | Centrum Building<br>319 East Madison<br>Springfield, IL 62701 | Phone: (217) 782-3719<br>Fax: (217) 558-2799 |
| DASA | Central Office | Jayne Antonacci | Centrum Building<br>319 East Madison, Suite 2D<br>Springfield, IL 62701 | Phone: (217) 524-4138<br>Fax: (217) 558-4650 |
| MH | http://intranet.dhs.illinois.gov/onenet/page.aspx?item=11896 | | | |

**Illinois Department of Human Services**
**Management Information Services - Provider Claims Section**
**Community Provider FTP Registration Request**

**Provider Information** (*Please Print*)

Provider FEIN _____ Provider Satellite _____ *(If applicable)*

Provider Name _____

Provider Address _____

City _____ State _____ Zip Code _____

**Contact Person Information**

Last Name _____ First Name _____

Telephone _____

E-Mail Addresses for Results Notification

Primary _____ Secondary _____

I certify that all claims submitted via File Transfer Protocol (FTP) are true, accurate, and complete. I agree to keep and make available such hard copy records and source documents associated with the above-described submissions as necessary to disclose fully the nature and extent of service provided and to furnish such information regarding any payments claimed as State and Federal officials may request. I understand that payment is made from State and Federal funds and that any false claims, statements, or documents, or concealment of material facts may be cause for criminal prosecution or other appropriate legal action.

If DHS billing for a Mental Health service is included in the file, my signature below certifies that all Mental Health claims submitted comply with the appropriate DHS rules for claiming Mental Health Services especially but not limited to Rule 132- "Medicaid Community Mental Health Services Program." I agree that payment received as a result of these claims will be accepted according to the applicable rules particularly but not limited to Rule 132.

If DHS billing for a Developmental Disabilities Service is included in the file, my signature below certifies that all Developmental Disabilities claims submitted comply with appropriate DHS rules for claiming Developmental Disabilities Services especially but not limited to Rule 120- "Medicaid Home and Community based Services Waiver Program for Individuals with Developmental Disabilities." I agree that payment received as a result of these claims will be accepted according to the applicable rules particularly but not limited to Rule 120.

If DHS billing for Alcohol and Substance Abuse Service is included in the file, my signature below certifies that all Alcohol and Substance Abuse claims submitted comply with appropriate DHS rules for claiming Alcohol and Substance Abuse Services especially but not limited to Rules 2060 and 2090 - "Alcohol and Substance Abuse Clinical Program" and "Alcohol and Substance Abuse Medicaid Program." I agree that payment received as a result of these claims will be accepted according to the applicable rules particularly but not limited to Rules 2060 and 2090.

Provider Executive Director _____ Date _____

**APPROVAL** *(Required)*

MH/DD/ASA Authorization _____ Date _____

FTP Provider ID _____ Assigned by _____ Date _____
*(Assigned by DHS/MIS/BSPQA)*

**Illinois Department of Human Services**
**Management Information Services - Provider Claims Section**
**Community Provider User ID and System Access Request**

**ACTION REQUESTED**

| | | |
|---|---|---|
| Add New User ID | Delete User ID | System Access Only *(User ID Previously Assigned)* |

**COMMUNITY PROVIDER INFORMATION** *(Please Print)*

| | |
|---|---|
| Provider FEIN (9 digits): | Provider Satellite (2 digits): *(if applicable)* |
| Provider Name: | |

**USER INFORMATION**: *(Please Print)*

| | |
|---|---|
| Last Name: | First Name: |
| Work Address:<br>(Street, City, State, Zip Code) | |
| e-Mail Address: | |
| Telephone: | DHS User ID: |

**USER SYSTEM ACCESS REQUESTED**: *(Mark all that apply)*

| | | |
|---|---|---|
| FTP | e-RIN | Mobius View-Direct |
| SIS On-Line | DMH Jail Link | MedScreen |

**TO BE COMPLETED FOR ALL ACTIONS EXCEPT "DELETE USER ID"**

I understand that the use of the IDHS Provider Claims systems, software, programs, data, manuals, and facilities is intended for and may only be used for the purpose of accomplishing the official business of the Department of Human Services. I understand that Illinois statute and IDHS policy prohibit disclosure or discussion of any confidential IDHS information without proper written authorization. I understand that I am personally responsible for all usage under my User ID and I agree not to share to give my User ID or Password to anyone. I further understand that system usage is logged and my access to use the system may be denied or revoked by IDHS.

User Signature _____ Date _____

**APPROVAL SIGNATURES** *(Required)*

| | |
|---|---|
| Provider Executive Director | Date |
| MH/DD/ASA Authorization | Date |

**TO BE COMPLETED BY DHS/MIS/BSPQA**

| | |
|---|---|
| BSPQA Coordinator | Date |

| | |
|---|---|

## Community Provider User ID and System Access Request
## Completion Instructions

An accurately completed request form describes your specific needs and helps facilitate the processing of your request in a more efficient and timely manner.

**ACTION REQUESTED**

Select the desired type of request.

- **Add New User ID** requests a DHS User ID be assigned to the individual.
- **Delete User ID** requests a DHS User ID be removed from accessing the provider's information.
- **System Access Only** requests authority be granted for access to the provider's information to a user possessing a current DHS User ID.

**COMMUNITY PROVIDER INFORMATION**

Enter the information for the community provider. **Note**: Provider Satellite is a two-digit satellite code assigned by DHS Region/Central Office personnel to your location. Entry of this code is uncommon.

**USER INFORMATION**

Enter the information for the individual requesting a DHS User ID. **Note**: If a DHS User ID has been previously assigned to the individual, enter the DHS User ID, otherwise leave this area blank.

**USER SYSTEM ACCESS REQUESTED**

- **FTP** access allows the user to submit/retrieve applicable data files.
- **e-RIN** access allows the user to request RIN assignments for individuals receiving service from the community provider.
- **Mobius View-Direct** access allows the user on-line viewing of reports generated by the DHS Provider Claims Section. Access will be restricted to reports for the community provider entered.
- **SIS On-Line** access allows the user to utilize the DMH SIS On-Line System.
- **DMH Jail Link** access allows the user to cross-match information between DMH and jail facilities.
- **MedScreen** access allows the user to utilize the DMH Medicaid Screening Tool.

**USER SIGNATURE AND DATE**

The user's signature indicates he/she agrees to abide by the conditions outlined in the security disclosure statement.

**APPROVAL SIGNATURE SECTION**

All requests must be approved and signed by the Provider Executive Director and an authorized individual within DHS. A list of DHS individuals authorized to approve and sign requests has been provided to the MIS Bureau of Security, Planning, and Quality Assurance. All requests are checked against this list before being processed.

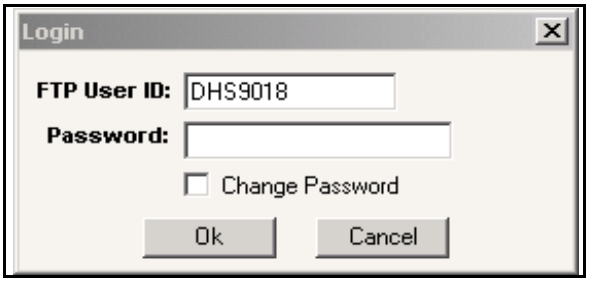
**TO BE COMPLETED BY DHS/MIS/BSPQA**

This area will be completed by the MIS Bureau of Security, Planning, and Quality Assurance once the request has been processed. Leave this area blank.

**FTP Transfers**

After the community agency has been successfully registered with DHS, you may begin transmitting files via FTP. If your agency utilizes a fire wall (and most do), then port 2021 must be open for connectivity. Establish a connection to the Internet, if not already established (such as a dial up connection).

When the **Login** window is displayed, enter your **FTP User ID** and **Password** then click **Ok** to continue. If an error box is displayed, check that the FTP User ID and Password are correct.

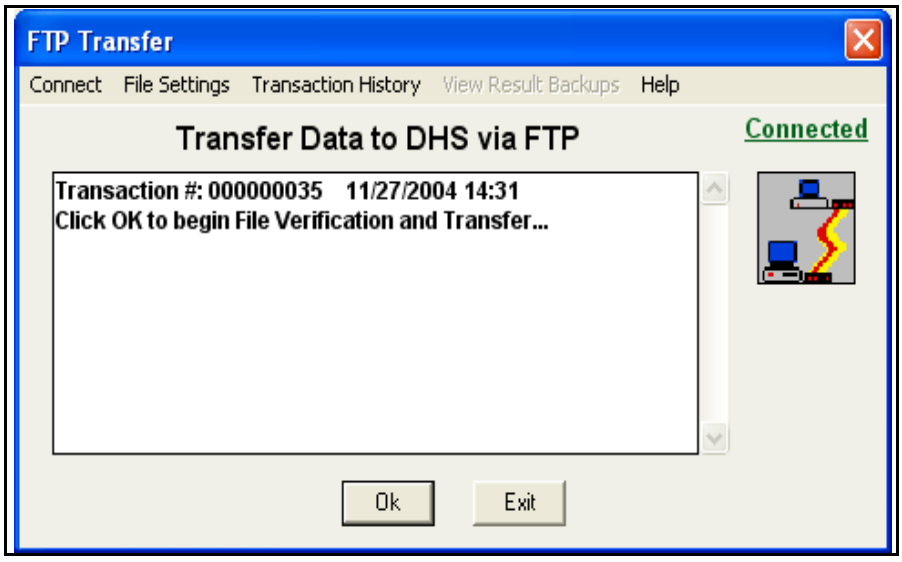



**Note**: The first time you log into the system, enter your FTP User ID as the password and then you will be prompted to change your password. The password is case sensitive and must be changed every 30 days. Contact DHS Network Services if your password needs to be reset (1-800-523-1476).

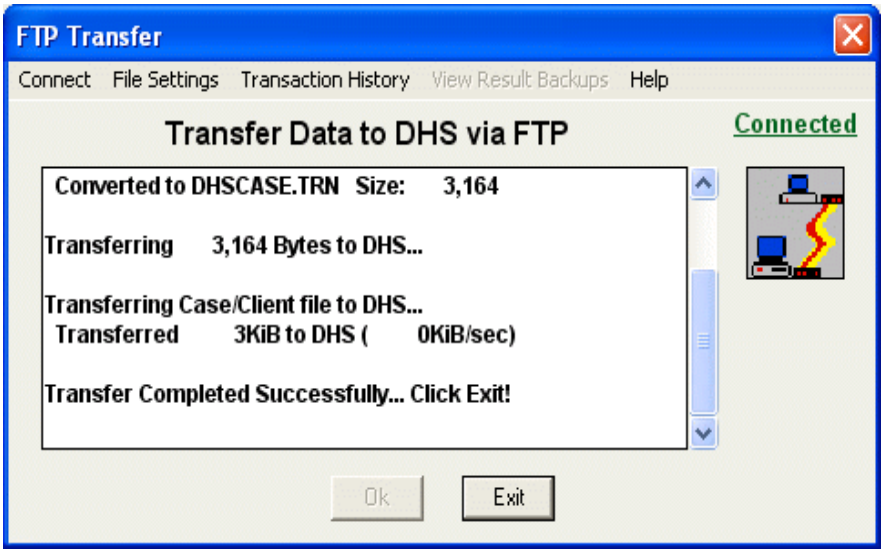
**FTP Transfer to DHS**

The screen below appears after successfully connecting to the FTP server. Click Ok to begin the transfer to DHS. There are four options displayed on the menu bar.

| | |
|---|---|
| **Connect** | Displays the Login window. |
| **File Settings** | Displays the FTP File Specifications Screen. |
| **Transaction History** | Displays a window showing past file transfer activity. |
| **Help** | Displays the software version and technical assistance information |



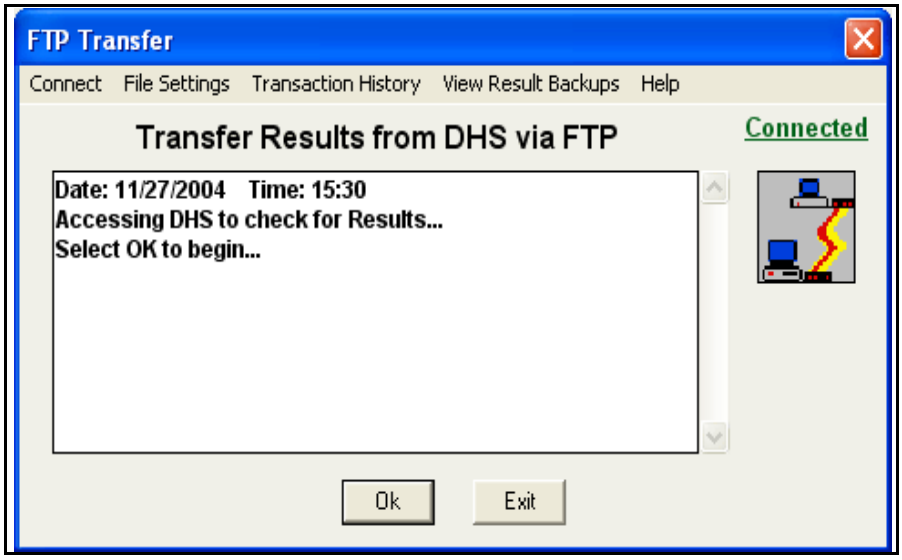

The FTP Transfer dialog box will display information about the transfer process. To verify a successful transfer, scroll to the bottom of the dialog box to view the transfer results.

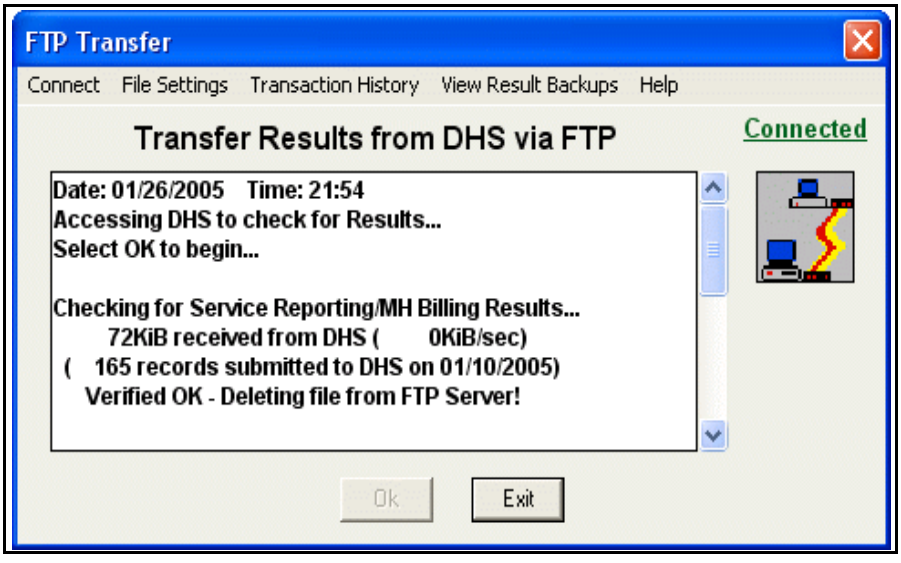


**FTP Transfer from DHS**

The screen below appears after successfully connecting to the FTP server. Click Ok to begin the transfer from DHS. There are four options displayed on the menu bar.

| | |
|---|---|
| **Connect** | Displays the Login window. |
| **File Settings** | Displays the FTP File Specifications Screen. |
| **Transaction History** | Displays a window showing past file transfer activity. |
| **View Results Backups** | If backup files exist you can choose to apply those results again by choosing a file from the choices displayed. |




**Help** Displays the software version and technical assistance information.

The FTP Transfer dialog box will display information about the transfer process. To verify a successful transfer, scroll to the bottom of the dialog box to view the transfer results.